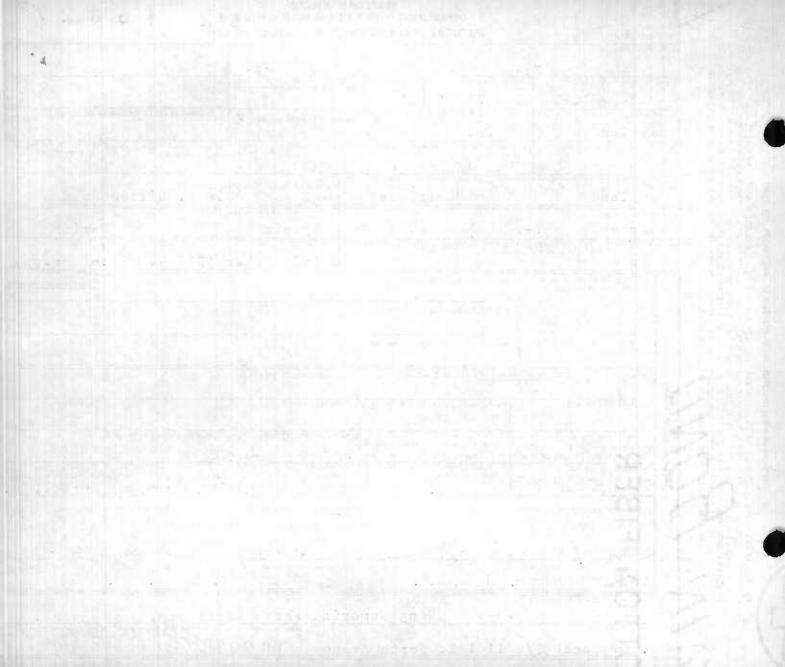
W 1-	FOR STATE			EPARTME	NT OF HE	ALTH A		NTAL HY		2		1 6	8	2	6
1.0	REGISTRAR ECEASED NAME	FIRST	WEL	MIDDLE	AMINER	'S CE		ATE OF			REG. N	NO.	DAY	YEAR	
	YPE OR PRINT)	Ø	-	T		A	KER	25		DATE K OF DEATH	NOWN ESTI-			952	26 HOUR M
3. SE		ACE S. D	ATE OF BIRTH	YEAR 6. A	GE (IN YEARS		R 1 YR. I	F UNDER 24		DATE	CED	MONTH	DAY	YEAR	2d. HOUR
70. E	RIDTHDI ACE ISTATE	7h /	CITIZEN OF WH		18				9.	DEAD	ORE CITY	OR COUN	12 NTY OF DE	19	PM
	West Va		USA			MARRIED		DIVORCED	님	ANN		FRUL	/ /	1 C	MD.
1/	Luzpell	DEATH II.	NAME OF HOSE			C C	INSTITUTI	ON		OCCUPA TOF WORK		YPE OF WORK	OR I	D OF BUS INDUSTR	SINESS
I IV	STATE	135 ACOUNTY C	O .	TE RESIDENCE BEFOR	RE ADMISSION)	1130	d. INSIDE CITY	Y LIMITS?	3 SYSE	ADDRES	s si de	nt St	reet	APT	-2
	Hartow Al	kers MID	DDLE	LAST		15	MOTHER	'S MAIDEN	NAME						
160.	WAS DECEASED EV	ER IN U.S. ARMED		236-3	SECURITY NO 36-0651		Marga	ret I	Swaf	ford	Same		13a-e)	
CERTIFICATION	lying couse for	CANT CONGITIONS CONTR	(c)	AS A CONSEQUENT NOT RELATED TO	O THE TERMINAL				1 (0).				20 AU	JTOPSY?	
		AUSE WAS OR CAUSE OF DEAT		INJURY MONTH DA	Y YEAR	îlc. HOW	/ INJURY C	OCCURRED	(ENTER NAT	URE OF INJU	RY IN ITEM 1	8 PART 1 OR P		s 🗆	№ Ж
MEDICAL	21d. INJURY OCCU	URRED	21e PLACE C	OF INJURY (AI ORY, FARM, ETC.)		If LOCA STREE			C	ITY OR TOW	N	Ç	OUNTY		STATE
2 230	270 certify the death resulted from the signature EXAMINER'S NAA (TYPE OR PRINT)	at I tack charge af	whareq	Accident	, Suicide	M.D.	Hamicia TITLE (SPI	ecify) of g	Undeterm	al EXAMI	NER	DATE SIGN	7 NED 7		-82
B	UTTAL FUNERAL DIRECTOR	7	-15-82	Md.	Verer	ns		ery				Md co		STA	(TE
	eall Fune		1212 REW	est St.	Ann	p., 1	Md.	JUL	19	1982	Pain	ces	lan 9	Keth	en

- De la Santina de la Companio The Date of the Date of the State of the Sta political relationship of the property of the control of the contr Turner 1

	23	1.	FOR			DEPART	STA MENT OF		ARYLAN		HYGIEN	E 2	- 1	6	8	2	1
		1-	STATE REGISTRAR			MEDICAL	EXAMIN	IER'S C	ERTIFIC	CATE	OF DEA	TH	REG. NO	D.			
			CEASED NAM	E FIRST		MIDDLE		100	LAST			20. DATE K	NOWN X	MONTH	DAY	YEAR	26. HOUR
2	REET,			HARVE	EY	Lee			BAKER	J	r.		MATED	7	28	1982 YEAR	M
Can a	STR	3 SE		4 RACE	5 DATE OF B	DAY YEAR	6. AGE (IN YE			IF UNDER	24 HRS.	2c. DATE	CED	MONTH	DAY	YEAR	2d HOUR
(1)	NO NO	- 12	Male	Black	7	21 61 DE WHAT COU		RS.				9. BALTIMO	OBE CITY O	7		1982	8:20
	WITHINGSTON STREET	FC	REIGN COUNTRY)		US		NIKY?		ED NE			11					
- A	5		ITY OR TOWN		1	HOSPITAL, NI	JRSING HOM	WIDOW E. OR OTH		DIVORO		Anne	Arund	e C	OUN"	NO OF BU	MD.
ELAK			Jessup		Kimbr	ough Ar	my Hos		(DOA	.)	FOR	MOST OF WORK	ING LIFE)		OF	RINDUSTI	ξΥ
21201 ANY D	EXECUTE THE CERTIFICATE, WRITING THE WORD "PENDING" IN PENCIL IN ITEM 18. GIVE PAGES 1, 2, AND PAGE 4 SHOULD BE FORWARDED TO THE CHIEF MEDICAL EXAMINER ALONG WITH FORM PM 3. RETAIN TO FUNERAL DIRECTOR: PAGE 3 SHOULD BE USED AS A BURIAL- TRANSIT PERMIT. PAGES I AND 2 SHOULD BE TO BATH, WITH THE STATE DEPARTMENT OF HEALTH AND MENTAL IT HYGIENE, DIVISION OF WITAL, RECOND BALTIMORE, MARYLAND, 21201 PRIOR TO BURIAL, CREMATION, OR REMOVAL.	13a. S	AL RESIDENCE TATE arylar	OUO.		13c. CIT	Y OR TOWN		13d INSIDE CI	ITY LIMITS?	13e. STR 40	EET ADDRES	S Hil	ton	Ro	a d	
A H	A 3.	14. F	ATHER'S NAME		MIDDLE		LAST		15. MOTHE	ER'S MAID	EN NAME	AAII	ODLE			LAST	
RE.	SES TANK	P	Harvey		Lee		aker	Sr.	Sy	lvia					Sm	ith	
IIMO TER (PAC SILVE	16a. \	ES, NO, OR UNKNO	D EVER IN U.S. AR.	MED FORCES? WAR OR DATES)	16b. SC	CIAL SECURIT		17 INFORA				ADDRESS				
SAF	PAG WISIN		No				N/A		Sylv:	ia B	aker	4038	3 N.	Hil			
ST.,	G 18. E. D. €	-	18 CAUSE O	F DEATH (Enter an	nly ane cause pe D BY:	. ,, ,	,, ,,,									PROXIMATE VEEN ONSET	AND DEATH
ON 124 H	S S S S S S S S S S S S S S S S S S S		966	O IMMEDIA	TE CAUSE (a)_	O, OR AS A CO	Wound		nest								
H RES	ER AN	1		ns, if any, which	1										12		
× ×	SET SE		cause (a	se to immediate stating the <u>under</u> -	< ,,-	O, OR AS A CO	NSEQUENCE	OF									70.07
, 201 UTE	ON A KEN		lying cat		(c)_							loc la					
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MD. 21201 S GERTIFICATE SHOULD BE EXECUTED WITHIN 24 HOURS AFTER DEATH. IF ANY	DING DICAL THAN THAN	Z	PART 2 OTHER SI	GNIFICANT CONDITIONS	CONTRIBUTING TO	OEATH DUT NOT RE	ATED TO THE TERM	MINAL OISEASE	OR CONDITION	N GIVEN IN PA	ART 1 (a).		100				
I REC	PEAN THEAT	CERTIFICATION	19a. DATE OF	OPERATION	19b. CC	ONDITION FOR	WHICH OPE	RATION W	AS PERFOR	MED?					20 A	AUTOPSY:	,
ATIA SHO	SENDE	TIFIC														YES 🔯	NO 🗌
OF O	NEN B		21a EXTERNA	AL CAUSE WAS		AE OF INJURY	H DAY YEA	R 21c. HC	YAULNI WC	OCCURRE	ED (ENTER	NATURE OF INJU	JRY IN ITEM 18 I	PART I OR PA	ART 2)		
I ON	E P P P P P P P P P P P P P P P P P P P	MEDICAL	CONTRIBUTI	NG CAUSE OF		PXXX 7-	28- 198	2 Su	bject	stab	bed.						
NVIS G	E 3 S	MED	21d. INJURY C			T, FACTORY, FARM,		S	TREET			CITY OR TOW			YTHU		STATE
H SH	WAR WAR PAG 212		AT WORK	AT WORK	AJ	bldg.		Bro	ckbri	dge F	acil	ity, Je	essup,	Anne	Arı	undel	, Md.
i ii	A SE	ħ.	22a. I certi	fy that I taak charg	ge af the remain	ns described ab		Autap		Inspectio		Inquiry		id in my a	pinian		
A W	RATE AND A SECOND		death result	ed fram: Natu	ral causes	, Accident	∟, S	ncide 🔲		cide X.	Undet	ermined mai	nner,				
	A. ✓ CER		ACTUAL SIGNATURE	()	W	MA	_			istar	1	ICAL EXAM	INIED	DATE	7-	-28-8	2
5	SEAT SEAT		0.000		-	VX											
WE	ER CE		EXAMINER'S (TYPE OR PRI		n M. Di	xon, M.	D.		ADDRESS 1	11 Pe	enn S	t., Ba	alto.,	Md.	212	201	
5	X 4 5 4 8 _	23a.B	URIAL, CREMA	TION, REMOVAL	236 DATE		NAME OF CE	METERY O	RCREMATO	ORY	CITY	OR TOWN		COU	NIY	ST	ATE
	BP	21.5	BURIA	AL.	8/2/8	2 K	ling M	emor				1time		CTD 4 DOC	616514	Md	
1511	DHMH - 17		NAME			ODRESS				ZOO. DATE	KEED. BY	4000	1 REGI	CHK S	SIGNA	arthe	U
, (V	/R A15 ME (5))	W	m. C.	March I	H II	UI E.	North	Ave	nue		29	1207	Majorca	0 /	may !	Nea - ,	



Taylor & Sons, Annapolis, MU

- STATE

DHMH - 16 50M 1/B1

(VRA 15, 4)

REGISTRAR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE O

CERTIFICATE OF DEATH

IF UNDER 1 YEAR

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

NO [

STATE

YES

COUNTY

22c DATE SIGNED

Further Tensor Penale White os to av Commence And State of American Commence The state of the s The the substant is the solid to the solid to the solid John M. Louis & Sens. B. may and S. May of Mindol

9	TA	TE	OF	M	ARYI	AND
DEPARTMENT						MEN

- STATE REGISTRAR		DEPARI		ICATE OF DEATH	REG. N	10.	0 0	EDT
1. DECEASED NAME FIRST		MIDDLE	l	AST	20. DATE OF DEATH	MONTH DAY	YEAR	2b HOUR
MARGU	ERITE	Kelley	BA	RRETT	JULY 1	2, 1982		11:20 P
Female	Whit	e	Feb	DAY YEAR	6 AGE (IN YEARS LAST BI	RTHDAY) IF L	INDER I YEAR	HOURS MIN.
Maryland		S · A ·	MARRIE WIDOWE	D NEVER MARRIED D	9 BALTIMORE CITY O			MD
10 CITY OR TOWN OF DEATH GLEN BURNIE	11. NAME OF (IF NOT IN SU NOT	HOSPITAL, NURS IN CHEACHLITY, GIVE STREET	NG HOME OF ADDRESS)	OR OTHER INSTITUTION	12a USUAL OCCUPAT	ION OF WORKING LIFE)	126 KIND O	F BUSINESS OR
130. STATE Maryland P	OR OTHER INSTITUTION JNTY • G •	13c CITY OR TOW Lanham	VN	13d INSIDE CITY LIMITS? YES NO 🔀	Apt. 51	2 Foun	tain	bleau
14 FATHER'S NAME FIRST Michael	MIDDLE C	Ke1	ley	15 MOTHER'S MAIDEN NA FIRST Nora	ME			derick
	RMED FORCES? BIVE WAR OR DATES) N/A	166. SOCIAL SECT		Mr. Elbe	rt M. Bar		dena, son)	Md. 21122
18 CAUSE OF DEATH (Enter PART I. DEATH WAS CAUS				UTI,	infec	Cod !		MATE INTERVAL ONSET AND DEATH
Conditions, if any, which	DUE TO	DR AS A CONSEQU	ENCEOF	Tom ulc.	n ale	last	7.	
gove rise to immediate couse (a), stating the underlying couse lost.	DUE TO, (DR AS A CONSEOU	ENCE OF			8		
PART 2 OTHER SIGNIFICANT	CONDITIONS C	ONTRIBUTING TO	DEATH BUT	NOT RELATED TO THE TERM	AINAL DISEASE OR CON	IDITION GIVEN	IN PART 10	,
190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING	196 CONE	DITION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY?	20b. IF YES, W IN CERTIFYIN YES	IG CAUSES	
21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D (IF EITHER, NOTIFY MEDICAL EXAMIN 21d. INJURY OCCURRED	CAIN	OF INJURY M. MONTH D M.	AY YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJU	JRY IN ITEM 18 PART	OR PART 2)	
21d. INJURY OCCURRED WHILE NOT WHILE		OF INJURY	FARM, ETC.)	211. LOCATION STREET	CITY OR TO	OWN	COUNTY	STATE

sow the deceased alive on.

22a.t certify that (1) (this haspital) attended the deceased from

DEGREE ATTENDING 22e. ADDRESS

MEDICAL STAFF
DIRECTOR PHYSICIAN

22c. DATE SIGNED

TOWHIDIAN, M.D. 230 BURIAL, CREMATION, REMOVAL

Security Process, Inc Tatonsville Balto Md 23c. NAME OF CEMETERY OR CREMATORY

Pasadena, Maryland 21122

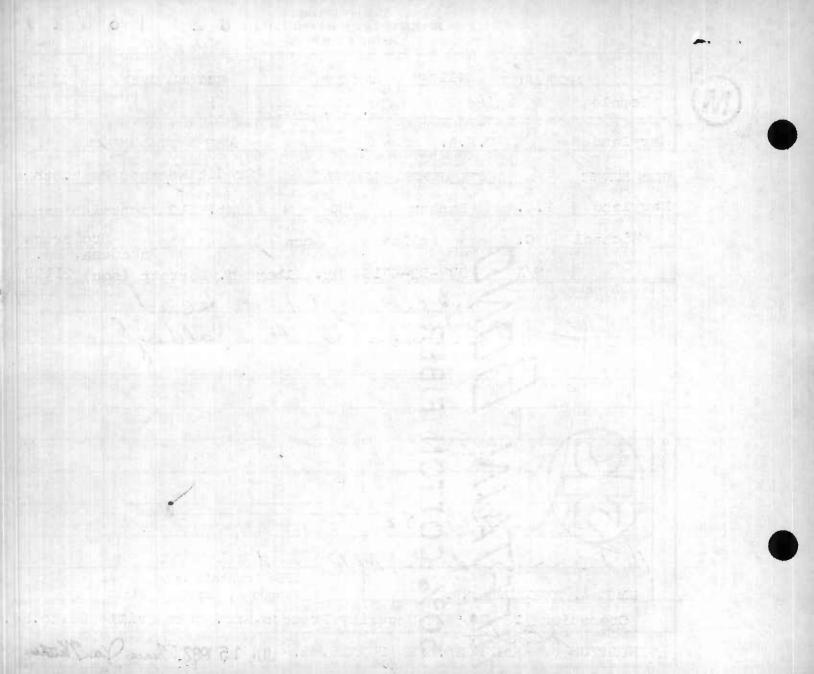
and that in (my) (aur) apinion death occurred on the date and hour and from the causes stated

23b. DATE 13 JUL'82 (SPECIFY) Cremation

2334 Mountain Road

DHMH - 16 50M 1/81 (VRA 15, 4)

SINGLETON FUNERAL HOME GLEN BURNIE, MD



, ,		500		STATE OF MARYLAND	0 %	1 4 0 7 0
4	1.	FOR - STATE REGISTRAR	DEPARTM	ENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	GIENE 8 4	10000
	1 DE	CEASED NAME FIRST	MIDDLE	LAST.	REG. NO.	DAY YEAR 7h HOLLB
age 3 death		LILLI	FEF	BASSEDED	7 -	1 - 82 26 HOURS
may be	3. SE		4 RACE	5. DATE OF BIRTH	6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS
9 7	1	EMALE	CAUCASIAN	12-8-22	5-9 YR	MONTHS BAYS HOURS MIN.
18 (M) F	To B	RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY?	8 MARRIED NEVER MARRIED	9 BALTIMORE CITY OR COUR	
1		ryland	USA	WIDOWED DIVORCED	Anne Arundel	MD.
office with	1	nnapolis	11. NAME OF HOSPITAL, NURSING	PHOME OR OTHER INSTITUTION POPERSS) Peneral Hospital	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKIN Manager	126. KIND OF BUSINESS OR INDUSTRY Laundry
haurs be fill	USU	AL RESIDENCE (IF NURSING HOME OF	OTHER INSTITUTION GIVE RESIDENCE BEFORE	ADMISSION)		Daulal y
fille 24	£		Arundel Annapolis	13d. INSIDE CITY LIMITS? YES NO 3	13e. STREET ADDRESS Defe	nse Hwy.
within 12 sh		THER'S NAME	MIDDLE LAST	15 MOTHER'S MAIDEN N	AME MIDDLE	LAST .
omple ond		Maurice F.	Alton	Prude	nce Lambi	rite
e execu		VAS DECEASED EVER IN U.S. AR	RMED FORCES? 166 SOCIAL SECUR VE WAR OR DATES) 219–12–30			%.0. Box 357
e be ers. Pc	no				over snarp	stown, Md.
ficate pape noval		PART I. DE ATH WAS CAUSE		a l th		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
certi ing p irbon ir rem fic ev		57) - MMEDIA	TE CAUSE (a)	- annym cou	a	munic
frend trend ve co ion, c		Conditions, if ony, which	DUE TO, OR AS A CONFEQUEN	lin flele	Ny	Vaus
the a remo emot		gove rise to immediate cause or, stating the	DUE TO, OR AS ACONSEOUT	NCENT 1.	1	111
thot d by eose ol, cr or oth		underlying couse lost	(c) alcoh	the lund	Isease	years
uires igne en pl	z	PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO D	EATH BUT NOT RELATED TO THE TER	INAL DISEASE OR CONDITION	GIVEN INTERT ITO
it. The	ATIO	19a DATE OF OPERATION	LING CONDITION FOR WHICH	DPERATION WAS PORMED	20a AUTOPSY? 20b. IF	YES, WERE FINDINGS USED
n. n. hos b perm me pr ws ar	CERTIFICATION	THE DATE OF GLERAHOTY	The condition for which	,	YES NO NO	RTIFYING CAUSES OF DEATH?
ICIAN: The g physicion ertificate h iol-tronsit printal Hygier Iem 18 show	CERT	21a. ACCIDENT WAS UNDERLYING	216. TIME OF INJURY	21c. HOW INJURY OCCU	RRED (ENTER NATURE OF INJURY IN ITEM	
SICIAI ng ph certifu priol-tr ental I		OR CONTRIBUTING CAUSE OF DEA		Y YEAR		
F in a sign in	MEDICAL	21d INJURY OCCURRED	21e. PLACE OF INJURY	211 LOCATION STREET	CITY OR TOWN	COUNTY STATE
NG P r after os the th one	_	AT WORK NOT WHILE				62
END old o		22 1 sertify that (I) (this hospi	ital) attended the deceased from	2, and that in (my) (Jur) opinion	to	, 19
RECTION OF SECTION OF		above the we said and no	ot) view the bady after death.	DEGREE A	n death occurred on the date and	22c. DATE SIGNED
AL OR the by the ball DIR detochate Dell AT. If he		mach Fr	went for aim	Value STENDING	MEDICAL STAFF DIRECTOR PHYSICIAN	7/1/82
OSPII ed by UNER d be he St		THE PHYSICIAN'S NAME (THE	M / /	We ADDRESS	2127 0	1 00 1
TO HOSPITAL (retained by the TO FUNERAL I Should be deto with the State E IMPORTANT: If		Amold	Mexander	Monumen	In lille DI	dg. J-1-117.
	23a. E	SPECIFY Cremation, REMOVAL	25 (170) / Frig	AME OF CEMETERY OR CREMATORY	CITY OR TOWN	COUNTY STATE
BP		JNERAL DIRECTOR	1	Lincoln Cremato	ry Brentwood,	Mary Land
DHMH - 16 50M 1/81 (VRA 15, 4)	Be	all Funeral Hom	e, 1212 West St.		JUL 9 1982 A	en Janlette
	-		~ - OOD O DO	44444		

referred to the state of the st allegans block to the transfer of the transfer and the second of the second o the street westmed miles a sile see it is a see and the PHYSICIAN: The low requires that the deoth certificate be executed within 24 haurs after

IMPORTANT: If Hem 21 is marked ar Item 18 shows ony injury, or other traumatic event, the medical should be detached for use as the burial-transit permit. Then please remave carbon papers. Pages with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending

deoth. Poge 4 may be

1 - STATE

STATE OF MARYLAND	
-------------------	--

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

2

683

3-3		REGISTRAR		CERTI	ICAIL OI L	LAIN	REG. NO).		
1		CEASED NAME FIRST	MIDDLE	Į.	AST		20. DATE OF DEATH	MONTH DAY	YEAR	26 HOUR
	(TYPE	Chathant Chathan	01 111	Dal	701	200		7 1	97	2740
	3 SE	CULTATOO	4. RACE	4)(11	201		ACE	1	00	2210 M
	3 3E	^	4. RACE	5. DATE C		YEAR	AGE (IN YEARS LAST BIRT	MON	THE DATE	IF UNDER 24 HRS HOURS MIN.
		male	white	11	5	13	68	YRS		
L		IRTHPLACE (STATE OR FOREIGN COUNTRY)	76 CITIZEN OF WHAT COUNTE	RY? 8	D NEVER A	APPIED T	BALTIMORE CITY O	R COUNTY OF	DEATH	
1		Md.	U.S.A	WIDOWE		ORCED	anne a	rund	el	MD.
3	0. CI	ITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NUR		OR OTHER INST	ITUTION	128 USUAL OCCUPATE		12b. KIND O	F BUSINESS OR
2	a	nnapol15	anne aruna	lel G	en. H	ospita	Execut			Relations
1	USU/ 13a S	AL RESIDENCE (IF NURSING HOME OR O	OTHER INSTITUTION GIVE RESIDENCE BE	FORE ADMISSION)	13d INSIDE C	TY HAITS?	3e. STREET ADDRESS			
2	m	aryland a-	A Anne Otever	SVILLE	YES 🗸	NO []	Jean	Boa	d	
22	14. FA	ATHER'S NAME	WIDDLE LAST		15. MOTHER'S	MAIDEN NAM				
		1 / 4 /	les Batz	er	ma,	gare 1	Kreis	11	Batz	1
2		VAS DECEASED EVER IN U.S. ARA YES, NO OR UNKNOWN) (IF YES, GIVE	MED FORCES? 16b SOCIAL SE	CURITY NO.	17 INFORMA	N	ADDRE	SS		
4		No	21305	9607	Pat H	vahes	P. O BOX 7	4 Stev	casui	Ile Ml.
		18 CAUSE OF DEATH (Enter only		andscil	0.14					MATE INTERVAL
- 1		PART I. DEATH WAS CAUSED	E CAUSE (a)	SIVE	CVA					
		2500				1	-		8 1	
		Contract of the first	DUE TO, OR AS A CONSEC	QUENCE OF	1001/) he	untension	L INTERIO		
8		Canditions, if any, which gave rise to immediate	(b)		12017	, wy	por 14 11 STOP	1		
	-	cause (o), stating the	DUE TO, OR AS A CONSEC	QUENCE OF	. 1 ./	0//	11/			
		underlying cause lost.	(c)	-	plabeta	5 141	//itns			
		PART 2. OTHER SIGNIFICANT C	ONDITIONS CONTRIBUTING	O DEATH BUT	NOT RELATED	TO THE TERMIN	IAL DISEASE OR CONE	OITION GIVEN	IN PART 10	31
	O									
7	CERTIFICATION	198. DATE OF OPERATION	196 CONDITION FOR WHI	ICH OPERATIO	N WAS PERFO	RMED	20a AUTOPSY?	20b. IF YES, W	ERE FINDIN	IGS USED
71	FIC							IN CERTIFYIN		OF DEATH?
	E						YES NOL	YES [№ □
2		OR CONTRIBUTING CAUSE OF DEAT	216. TIME OF INJURY HOUR A.M. MONTH	DAY YEAR	21c. HOW IN	JURY OCCURRE	D (ENTER NATURE OF INJUR	Y IN ITEM 18 PART	OR PART 2)	
7	AL	(IF EITHER, NOTIFY MEDICAL EXAMINER)	In .	19	1					
	MEDICAL	21d. INJURY OCCURRED	21e. PLACE OF INJURY	.,,	211. LOCATIO	N				
	W	WHILE NOT WHILE	(AT HOME, STREET, FACTORY, OFFI	CE, FARM, ETC)	STREET		CITY OR TOV	VN	COUNTY	STATE
		22a.1 certify that (I) (this haspite	al) attanded the despect for	-June	1-10	10 62	14/1.	1 10	82	
		saw the deceased alive on_		100	nd that in (my)	(qur) opinion de	ath occurred on the da	to and have an		that (1) (we) last
- 1		above, (1) (we) (did) (did nat	view the bady after death.			(doi) opinion de	offi occorred on the do	ie ond noor an		
		22b. SIGNATURE	5-1		DEGREE	TTENDING	MEDICAL STAF	-	22c. DATE	SIGNED
1		12	Parlon	1		TTENDING PHYSICIAN	MEDICAL STAF		2.34	
	517	22d PHYSICIAN'S NAME (TYPE OR	PRINT)		22e ADDRES	5			de	mandes
		B.T. Fu	RLAN		77	WEST	5 T. Su	ite 2	10 1	121401
	23a B	BURIAL, CREMATION, REMOVAL	23b. DATE 2:	3c. NAME OF C	EMETERY OR C	REMATORY	236 LOCATION	110 -1		- (1-)
		(SPECIFY)		redar		1	CITY OR TOWN	pp	YINUC	STATE
	24 F1	remation	1, 3 - 1	ZUQV	,,,,,	AL DATE	DUITIANA	7, 20.	2	Md.

C4ester

DHMH - 16 50M 1/B1 (VRA 15, 4)

Helfenbein - Hubband

TO HOSPITAL OR ATTENDING

THE STATE OF THE PERSON OF THE The Same of the

be problem of 19000 11 -5 5 3. .. derived the second The Seam - werell even you they fee The second

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE &

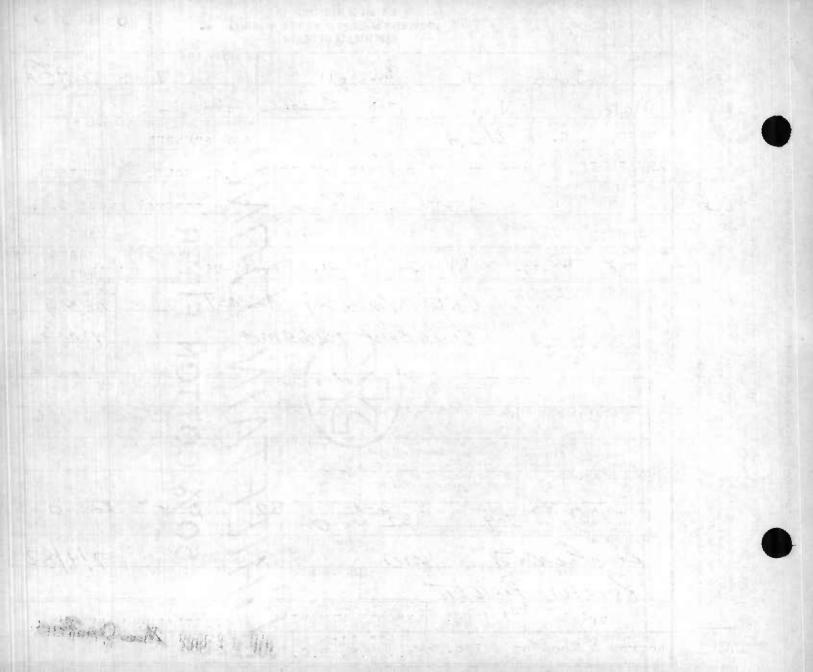
FOR

- STATE

Transfer could POR E. Postas II de Military Control of the Control of t Legisland C. West Land Co. was my while have dust market Described Willerias, Overthe appearance of the williams Commenced Commen United Debugger 205 Reduction & A. Brewnson the testing and the second result well a second result made SEL PRINCE, LANCE, LANCE PRINCE

ANNA CE A. T. C.	
And weath areas to the second	
Andreas (and an all an	
The second secon	
Topico (evant angula financia de la colonia financia especial de la colonia de la colo	
Mily Charles (Artenio angula in the and anti- April 200 - 200 - 200 - 10	
Milysteria (fevent) mant in the second faut generally and a second feet a	
Turkale	

port & copy	1	tem 6 #G569 7/2	26/82 ph	STAT	E OF MARYLAND	0001	6835
Corrected	1.	FOR item 5&6 #G	510 0/21/82	DEPARTMENT OF I	IEALTH AND MENTAL HY	GIENEO &	0 0 0
8/27/82 ph	1. DE	REGISTRAR CEASED NAME FIRST	MIDDLE	The second second	LAST	REG. NO.	DAY YEAR 26 HOUR
9 E		John John	T	Bu	l vall	7	4 82 935AM
1 1/4	3. SE	X	4 RACE	5. DATE	OF BIRTHY TOOL	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS
- GINAE)		Male	Negro	Feb	18 1896	-381 86 88	8.1
THE WAY		IRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT C	MARRIE	D NEVER MARRIED	9 BALTIMORE CITY OR COUN	TY OF DEATH
1711	10 C	ITY OR TOWN OF DEATH			OR OTHER INSTITUTION	ANN ARUNDEL	MD. 126 KIND OF BUSINESS OR
by the	Al	NAPOLIS, MD	ANN ARUND	EL GENER	AL HOSPITAI	D. C. GOVT.	G LIFE) INDUSTRY RETIRED
hour thour days	USU 13a.	AL RESIDENCE (IF NURS		PENCE BEFORE ADMISSION) Y OR TOWN	13d. INSIDE CITY LIMITS?	13e STREET ADDRESS	
LAND nin 24 lilec should	14.5	ATHER'S NAME	WA	SH, D.C.	YES X NO	5044 central	l ave., S.E.
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201 NG PHYSICIAN: The low requires that the death certificate be executed within 24 hours of other this certificate has been signed by the attending physician ond completely filled in by as the buriol-transit permit. Then please remove corban papers. Pages 1 and 2 should be file though Mental Hygiene prior to buriol, cremation, or removal.	14. 77	JOSEPH	MIDDLE B	URELL	EMMA	MIDDLE	MANN
RE, A	160 \	WAS DECEASED EVER IN U.S. AF	RMED FORCES? 166 SQ	CIAL SECURITY NO.	17. INFORMANT	ADDRESS 5	044_Central Ave
be exect bo ond c		YES, NO OR UNKNOWN) 19-1	17-1919 57	1544879	Marion Bur	ell-Wife-	S.E. Wash, D.C.
ficote poper poper novol.		18 CAUSE OF DEATH (Enter o			1	DAMET	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
N ST.		4371 IMMEDIA		Dopulm	onmy no	eus j	MINS
ESTO death ore co fion, o		Canditions, if ony, which	DUE TO, OR AS A C	LEBRAI	1scham	111	YEARS
V. PRI	100	gove rise to immediate cause (a), stating the underlying cause lost.	DUE TO, OR AS A C	ONSEQUENCE OF			
201 W ed by pleose rriol, cr			(c)	TING TO BE LIVE BUT	1107 851 1750 70 705 750	MINAL DISEASE OR CONDITION (
RDS, equire	NO O	PART 2. OTHER SIGNIFICANT	CONDITIONS CONTRIBO	ITING TO DEATH BUT	NOT RELATED TO THE TERM	WINAL DISEASE OR CONDITION	SIVEN IN PART ITO
S been sony	CERTIFICATION	190 DATE OF OPERATION	196. CONDITION FO	OR WHICH OPERATIO	N WAS PERFORMED	20a AUTOPSY? 20b. IF	YES, WERE FINDINGS USED RTIFYING CAUSES OF DEATH?
TAL F	ERTIF	2)a. ACCIDENT WAS UNDERLYING	71b. TIME OF INJUR	v	Tale HOW INTERPROCES	YES NO RED (ENTER NATURE OF INJURY IN ITEM	YES NO
N OF VITA SICIAN: The major physicic certificate raiol-transit term 18 should be seen to be seen t		OR CONTRIBUTING CAUSE OF DE	HOUR A.M. MC	ONTH DAY YEAR	ZIE NOW INJOK! OCCO!	CRED (ENTER NATURE OF INJURY IN HEM	(B PART I OKPART 2)
HYSII HYSII nding his ce burid Amen	MEDICAL	(IF EITHER NOTIFY MEDICAL EXAMINE 21d. INJURY OCCURRED	P.M. 21e. PLACE OF INJU (AT HOME, STREET, FACTO	RY	211. LOCATION	CITY OR TOWN	COUNTY STATE
DIVISIGNO PHING PHING PHING PHING Os the lith and lith an	2	AT WORK NOT WHILE AT WORK					6-9
ENDI fol or or use if Heal		22a 1 certify that (this hosp sow the deceased alive or			nd that in (19 (our) apinior	death accurred an the date and l	, 19, tha (we) lost /
OR ATTOOR ATTOOR DIRECT DIRECT Doched for Docht. or		obove, (I) (we) (did) (did no 22b. SICATURE	at) view the bady after de	ath.	DEGREE		22c DATE SIGNED
TAL O y the RAL DI detacl ore Do		Kontun	EN	ans	ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	7/4/82
HOSPIT FUNER FUNER Wild be on	1	22d. PHYSICIAN'S NAME (TYPE	OR PRINT)		22e ADDRESS		
TO HOSPITAL of retorned by the TO FUNERAL IS should be detain with the State IMPORTANT. If	22-	KONALD	PILICE	122. NAME OF	EMETERY OR CREMATORY	23d. LOCATION	
BP	230.	BURIAL, CREMATION, REMOVAI (SPECIFY) Burial	7/8/1982		N MEMORIAL	SUITLAND	MARY LAND
DHMH-16 30M 2/80	24 F	UNERAL DIRECTOR	Famil Tm -	1622	11th 250. DA	TE REC'D. BY REGISTRAR	ACAD MINISTORE
(VRA 15, 4)	MIC	orrow & Woodf	tora, inc.	Sts., N	.W. D.C.	NTT & 1305	4



FOR

REGISTRAR

- STATE

STATE OF MARYLAND

CERTIFICATE OF DEATH

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

WHEMA Tennance Bush Jeliza is a His Mile The Landson Safe at 1984 and South Field and the way I common the same to the same PROPERTY From South Street from X - I That Thinkeld with the The strain front a trouble share was the star The Same Comment of the Comment of t Live The The William Come Willer and There and The first the same for the first the same that the same th n and campletely filled in by the func-Pages 1 and 2 should be filed within

medical

FOR	DEPARTMEN
STATE	DEI ANIMER

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

2 1683

		REGISTRAR				CERTIF	ICAIL OF DEA	111	REG. N	10.		E.D	.T.
-		CEASED NAME	FIRST	40.00	MIDDLE	L	A51		20 DATE OF DEATH	MONTH	DAY YEAR	2h HOUR	
	11.17		JOSEPI	н Ма	1cus	E	BUTLER	211	JULY 6	, 1982		5:25	AM
	3 SEX	X	1	4 RACE		5. DATE C			6. AGE (IN YEARS LAST 8	RTHDAY)	IF UNDER 1 YEAR	IF UNDER 24 I	-
		Male		Whi	te		rch 13,	191	3 6	4 yrs.	MONTHS DAYS	HOURS	WIN.
0	7a. Bl	RTHPLACE (STATE OR F			WHAT COUNTRY?	8 MARRIE	NEVER MARE	RIED 🗆	9 BALTIMORE CITY	OR COUNTY	OF DEATH		
3		Virgini			S.A.	WIDOWE	DIVOR	CED 🔲	ANNE ARU	NDEL C	COUNTY		MD.
		TY OR TOWN OF DEA	1	(IF NOT IN SUC	HOSPITAL, NURSIN THE FACILITY, GIVE STREET	ADDRESS)		ION	TYPE OF WORK FOR MOST	OF WORKING LIE	126 KIND O (E) INDUSTRY	He in	OR
I		LEN BURNIE			H ARUNDEL		TTAL		Oil Truc	K Dr	rer B	ros	
4	13a. S		13P CON	TY	Sever.	N	13d. INSIDE CITY L	IMITS?	13e STREET ADDRESS 8697 DO	WheV	Rd.		
		THER'S NAME	A . I	A. Co.	L Sever		15 MOTHER'S MA			wiicy	I(G)		
1	100	Joseph		alcus	But	1er	FIRST	lara	MIDDLE		Jur	iy1ou	1
		VAS DECEASED EVER	IN U.S. ARA	AED FORCES?	16b SOCIAL SECU		17. INFORMANT	(Sor	ADDR	ESS231	Otis 1		
	{ Y	Yes, no or unknown)		NOWN	214.12	. 081	6 Mr. J	•	oh C. But	ler.	Severi	n. MT).
		18 CAUSE OF DEATH								,		MATE INTERVAL	
3		PART I. DEATH W	AS CAUSED	BY:	11001	0.1	-08 -		plaem		BETWEEN	INSET AND DEA	ТН
		1649	IMMEDIATE	CAUSE (o)	Pixar	VAAO V		Yel	SICOLOR				
		Conditions, if any,	which		R AS A CONSEQUE	NCE OF					1.75		
		gove rise to imm	rediate	(p)_									-
		cause (a), stating underlying cause		DUE TO, OI	r as a conseque	NCE OF							
		PART 2 OTHER SIGN	HEIC ANT C	ONDITIONS CO	ONTRIBUTING TO F	EATH BUT	NOT BELATED TO	THE TERM	NAL DISEASE OR CON	DITIONLONG	CALINA DADY A		
	NO			<u> </u>	3711110011110101	24111	NOT KEERIED TO	THE TERMIN	NAL DISEASE OR CON	DITION GIV	EN IN PART TIO		
7	CERTIFICATION	190 DATE OF OPERAT	ION	196 CONDI	TION FOR WHICH	OPERATIO	N WAS PERFORME	D	200 AUTOPSY?	20b. IF YES	, WERE FINDIN	GS USED	
7	TIFIC								YES NO		YING CAUSES	OF DEATH?	
1	CER	21a ACCIDENT WAS UND		21b. TIME O	FINJURY M. MONTH DA	V VEAR	21c. HOW INJURY	OCCURRE	D (ENTER NATURE OF INJU	RY IN ITEM 18. P	ART 1 OR PART 2)		
7	MEDICAL	OR CONTRIBUTING C		H HOUR A.		T TEAK	W 1-1						
4	EDIC	21d INJURY OCCURR	ED	21e. PLACE	OF INJURY		211 LOCATION		CITY OR TO	MMN	COUNTY	STATE	
	2	WHILE NOT WHI	ILE C	(AT HOME, STR	EET, FACTORY, OFFICE, FA	IRM, ETC.)	2 STREET	0		1	0.	SIAIL	
		22a. I certify that	(this hospite	al) attended the	e degeosed from_	Jun	e 27, 19	, 12	- 10 J W/13	6	19 12	hat (I) (we)	last
		saw the decease abave (1) (we) (d	d alive on	JWL	Attor doub	P2 . on	d that in (my) (our)	opinion d	eath occurred on the d	ote and hou	r and fram the c	auses stated	d
		22b. SIGNATURE		1	Affer death.	- 1	DEGREE		/		27s. DATE 5	SIGNED .	0.0
		() >	10	les	Whys	?		NDING I	MEDICAL STA		July	0,1	102
1		22d. PHYSICIAN'S NA	ME (TYPE OR	PRINT)			22e ADDRESS		OAKWOOD RO		UITE 20	4	-
1		CHARLES	J. W	U, M.D.				GLEN	BURNIE, M	ARYLAN	D 21061		
		URIAL, CREMATION, E	REMOVAL	23b. DATE	23c. N	AME OF C	EMETERY OR CREM	ATORY	23d. LOCATION		COUNTY		
		Buria	al Q	9July	82 G	1en 1	Haven Me	om.Pl	· · ·	Burni	le. A.A	A . M	ID.
	24 FU	INERAL DIRECTOR	COX	Mer 3	ADDRESS G	len	Burnie,	25a DATE	REC'D. BY REGISTRAR	25) REGIST	MP'S SIGNA	1000	
		Singlet	on F	ume ral	L Home	MD		JUL	1 1962 0	sences	yan.	kilke	,
							-						

DHMH - 16 50M 1/B1 (VRA 15, 4)

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician should be detached for use as the burial-transit permit. Then please remove carbon papers: Fewith the State Dept; of Health and Mental Hygiene prior to burial, cremation, or removal.

TO HOSPITAL OR ATTENDING PHYSICIAN: The

etained by the haspital

IMPORTANT: If Rem 21 is marked or Rem 18 shows on

SERVICE STREET

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral should be detached for use as the burial-transit permit. Then please remove carbonpapers. Pages 1 and 2 should be filed within 72 hwith the State Dept of Health and Mental Hygiene prior to burial, cremation, ar removal.

MPORTANT: If them 21 is marked ar Item 18 shaws any

STATE OF MARYLAND

FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE 8

OFFICIAL PROPERTY OF DEATH

CERTIFICATE OF DEATH

		REGISTRAR		CEKTIFI	CATE OF DEATH	REG. N	0.
		CEASED NAME FIRST	MIDDLE	LA	ST		MONTH DAY YEAR 26 HOUR
		MARTH	A Jane	CF	IRTER		07 1482 3°PM
ı	3. SE)		RACE	5. DATE O		6 AGE (IN YEARS LAST BIR	THDAY) IF UNDER 1 YEAR IF UNDER 24 HRS
		FEMALE	WHITE	09	02 04	77	YRS.
1	7a. B1	DUYRY)	CITIZEN OF WHAT COUNTRY	MARRIED	NEVER MARRIED	9 BALTIMORE CITY C	OR COUNTY OF DEATH
4	10. (1	TY OR TOWN OF DEATH	1. NAME OF HOSPITAL, NURS	WIDOWE		120 USUAL OCCUPAT	ARUNDEL MD.
3	AN	INAPOLIS F	(IF NOT IN SUCH FACILITY, GIVE STRE	ET ADDRESS)	NERAL	(TYPE OF ORVEOR MOST O	
1	13a. S	AL RESIDENCE (IF NURSING HOME OR OT TATE 136 COUNT		ORE ADMISSION)		13e. STREET ADDRESS	0 (
2				Apolis	YES X NO 🗆	950 PRE:	SIDENT STREET
	14. FA	THER'S NAME	Donalo Donalo		15. MOTHER'S MAIDEN NAM	MIDDLE MIDDLE	Knight
	16a W	VAS DECEASED EVER IN U.S. ARMI ES NOOR (INKNOWN) (IF YES, GIVE V	ED FORCES? 16b SOCIAL SEC	-2/3	Doris De	Lucia	Annapolis. Hd.
ł		18 CAUSE OF DEATH (Enter only	one couse per line lor in), (b) i	and icia			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
1		PART I. DE ATH WAS CAUSED IMMEDIATE	BY: BO-OC	and .	~ arrest		GET WEEK ONSET AND DEATH
1		4960	DUE TO, OR AS A CONSEQ	UENCE OF	1 -	- 1	1 1
۱		Conditions, if ony, which	(b) Chroni	i Olio	truche 1	rumon a	y Disluse.
1		cause (a, stating the underlying cause last.	DUE TO, OR AS A CONSEO	UENCE OF			0
			(c)				
ı	Z	PART 2 OTHER SIGNIFICANT CO	INDITIONS CONTRIBUTING TO	DEATH BUT N	NOT RELATED TO THE TERMIN	NAL DISEASE OR CON	DITION GIVEN IN PART 1101
1	CERTIFICATION	190. DATE OF OPERATION	196 CONDITION FOR WHIC	H OPERATION	I WAS PERFORMED	200 AUTOPSY?	20b. IF YES, WERE FINDINGS USED
-	TIFIC					4	IN CERTIFYING CAUSES OF DEATH?
1	ER					YES NO	YES NO
1	0	210. ACCIDENT WAS UNDERLYING	216. TIME OF INJURY	DAY VEAR	21c. HOW INJURY OCCURRE	-	
		2)0. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER)		DAY YEAR	21c. HOW INJURY OCCURRE	-	
		OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED	P.M. 21e. PLACE OF INJURY	19	21c. HOW INJURY OCCURRE 211. LOCATION STREET	-	RY IN ITEM IB PART I OR PART 2)
	MEDICAL	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER)	HOUR A.M. MONTH	19	211. LOCATION	D (ENTER NATURE OF INJU	RY IN ITEM IB PART I OR PART 2)
		OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED WHILE NOT WHILE AT WORK 22a. Certify that (1) (this hospital	HOUR A.M. MONTH P.M. 21e. PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE	19 E, FARM ETC)	211. LOCATION STREET	D (ENTER NATURE OF INJU	RY IN ITEM IB. PART I OR PART 2) WN COUNTY STATE , 19, that (I) (we) lost
		OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED WHILE NOT WHILE AT WORK 220.1 certify-that (1) (this hospital popular)	HOUR A.M. MONTH P.M. 21e. PLACE OF INJURY (AT HOME STREET FACTORY, OFFICE	19 E. FARM ETC)	211. LOCATION STREET , 19 d that in (my) (our) opinion de	D (ENTER NATURE OF INJU	WN COUNTY STATE , 19, that (I) (we) lost ate and how and from the causes stated
		OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED WHILE NOT WHILE AT WORK 22a. Certify that (1) (this haspital	HOUR A.M. MONTH P.M. 21e. PLACE OF INJURY (AT HOME STREET FACTORY, OFFICE	19 E. FARM ETC)	211. LOCATION STREET 19 d that in (my) (our) opinion de	CITY OR TO	wn COUNTY STATE The ord hour and from the causes stated 22c. DATE SIGNED
		OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED WHILE NOT WHILE AT WORK 220.1 certify-that (1) (this hospital popular)	HOUR A.M. MONTH P.M. 21e. PLACE OF INJURY (AT HOME STREET FACTORY, OFFICE 1) ottended the deceased from the body after death.	19 E, FARM ETC.) , ONC	211. LOCATION STREET , 19 d that in (my) (our) opinion de	CITY OR TO	wn COUNTY STATE The ord hour and from the causes stated 22c. DATE SIGNED
		OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED WHITE NOTIFY MEDICAL EXAMINER) 220. Certify that (I) (this hospital 220. Certify that (I) (Thi	HOUR A.M. MONTH P.M. 21e. PLACE OF INJURY (AT HOME STREET FACTORY, OFFICE 1) ottended the deceased from the body after death.	19 E, FARM ETC.) , ONC	211. LOCATION STREET 19 d that in (my) (our) opinion de EGREE ATTENDING PHYSICIAN	CITY OR TO	wn COUNTY STATE The ord hour and from the causes stated 22c. DATE SIGNED
	MEDICAL	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED WHITE NOTIFY MEDICAL EXAMINER) 22d. I certify that (I) (this hospital at work	HOUR A.M. MONTH P.M. 21e. PLACE OF INJURY (AT HOME STREET FACTORY, OFFICE 1) ottended the deceased from the body after death. PRINT) GOLDST 23b. DATE 23c.	19 E, FARM ETC.) , ONC	211. LOCATION STREET 19 d that in (my) (our) opinion de EGREE ATTENDING PHYSICIAN	CITY OR TO	wn COUNTY STATE The ord hour and from the causes stated 22c. DATE SIGNED
	MEDICAL	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED WHILE NOTIFY MEDICAL EXAMINER) 22o. I certify that (1) (this, haspital to the contribution of t	HOUR A.M. MONTH P.M. 21e. PLACE OF INJURY (AT HOME STREET FACTORY, OFFICE 1) ottended the deceased from the body after death. PRINT) GOLDST	19 E, FARM ETC.) , ONC	211. LOCATION STREET , 19 d that in (my) (our) opinion de PHYSICIAN 22e ADDRESS 205	CITY OR TO A DIRECTOR PHYSIC CITY OR TO CITY OR T	wn COUNTY STATE The ord hour and from the causes stated 22c. DATE SIGNED

6

DHMH - 16 50M 1/B1 (VRA 15, 4)

BP.

MARINE James CARTER LAND STREET Lawrence Local Control of the State of the S M = June Union Princip A Service A S and the state of t K THE STORY OF STORY RESERVED.

				4	
	#227repuoE				
			Committee and a second		Same 1 and
		Mint.	Predict		96510
e		Manager Seat	Va 20100-315		

ke.		STATE OF MARYLAND FOR STATE REGISTRAR DEPARTMENT OF HEALTH AND MENTAL HYGIENE 8 2 1 6 8 4 CERTIFICATE OF DEATH REG. NO.	0
ge 4 may be		LEASED NAME AIDOLE V. CHURCHILL 1. OATE OF DEATH MONTH DAY YEAR 26 HOLD TO 17 82 1. CHURCHILL S. DATE OF BIRTH MONTH DAY S. DATE OF BIRTH MONTH DAY MONTHS DAYS HOURS V. P. S. DAY MONTHS DAYS HOURS V. P. S.	AM
fter de offi Poge	35	MARRIED NEVER MARRIED NEVER MARRIED NEVER MARRIED NEVER MARRIED NOT TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (IF NOT DEATH STREET, ADDRESS) (If NOT DEATH STREET, ADDRESS) (If NOT DEATH STREET, ADDRESS)	MD IESS OR
MARYLAND 21201 ed within 24 hours o mplerely filled in ty and 2 should be file		L RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE STORE ROMESSION) TATE D. 13b. COONTY HUNDA POLIS THER'S NAME 15. MOTHER'S MAIDEN NAME	E VE
E S C C C	16	AS DECEASED EVER IN U.S. ARMED FORCES HOLL SOCIAL SECURITY NO. 11 NEORMA ADDRESS 4 13	
res that the death certification by the attending phase remaye corbang or please remote corbang outsi, remotion, at remoti	y, or other traditions event,	18 CAUSE OF DEATH (Enter only one cause per line for two, the ond (c) PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Canditions, if any, which gove rise to immediate couse (a), stating the underlying couse last. DUE TO, OR AS A CONSEQUENCE OF (c) PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1/a	RVÁI D DEATH
hos per per	2	190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 20b. IF YES, WERE FINDINGS USE IN CERTIFYING CAUSES OF DEA	ATH?
HYSICIA nding pl burial-t	9	WHILE NOT WHILE AT WORK	STATE
10SPITAL OR ATTEND and by the hospital or FUNERAL DIRECTOR. And be detoched for use the Stote Dept. of Heed and Stote Dept. of Heed and Stote Dept. or Heed and Stote Dept.		220. I certify that (I) (this haspital) attended the deceosed fram 19 that (I) saw the deceosed alive an 2 19 that (I) as with edeceosed alive an 2 19 that (I) as with edeceosed alive an 2 19 that (I) as with edeceosed alive an 2 19 that (I) as with edeceosed alive an 2 19 that (I) as with edeceosed alive an 2 19 that (I) as with edeceosed fram 19 that (I) as with	stated
TO HOSPITAL O retoined by the TO FUNERAL D should be detocl with the Stote DD with the Stote DD should be detocl with the Stote DD should be	23	ELINBARO H URIAL, CREMATION, REMOVAL 23B. DATE 23C. NAME OF CEMETERY OR CREMITORY 23d. LOCATION, SECURITY OF COUNTY	SE ATE
BP	24	REMATION 19/82 Ft. LINCOLD WEELTWOOD R. CONF. WERAL DIRECTOR YLOP F CHAPEL AWARDON'S MD. JUL 21 1982 JUL 21 1982	1.0.

Company of the Property of the Company of the Compa Charle of the Control The first of the control of the first of the second of the

	1.	FOR STATE REGISTRAR			DEPARTA	MENT OF H	E OF MARYL EALTH AND ICATE OF I	MENTAL HYG	IENE 8 2		6 8	41
		CEASED NAME	FIRST		MIDDLE		AST		20 DATE OF DEATH	MONTH	DAY YEAR	2b. HOUR
	3. SE	Cec		4. RACE	۲.	Coff			6. AGE (IN YEARS LAST BI		1982	91-1
		Male		White		Sep	DAY	1943	38		MONTHS DAYS	HOURS MIN.
18		RIMPLACE (STATE OR COUNTRY) Florida	FOREIGN	76 CITIZEN OF	WHAT COUNTRY?	MARRIE:	NEVER	MARRIED	Anne Ar			ME
20	10. CITY OR TOWN OF DEATH Severn			11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) 1808 Sparrow Court			126. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) FOrman 12 KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) CONSTRUCTION					
E	13a S	al residence lif nurs aryland	13b COUN		Severn		13d INSIDE C	NO X	13e. STREET ADDRESS 1808 Spa	rrow C	court	
20		eorge	Ne1	SON	Coffe	y		s maiden Na. atherir			Battî	le
		VAS DECEASED EVER YES NO OR UNKNOWN] NO		MED FORCES? (WAR OR DATES)	166. SOCIAL SECU 216-40		17 INFORMA	ANT	y, Same as			
		PART I. DEATH W Conditions, if any gove rise to improve to improve the course (a), static underlying course	/AS CAUSED IMMEDIATE , which mediate ng the	DUE TO, O	S'mall cut R AS A CONSEQUE	L Car	cinima	long.	metastatia		BETWEEN C	IMATE INTERVAL ONSEL AND DEATH
0	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTED TO THE PART 2 OTHER 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTED TO THE PART 2 OTHER					TING TO DEATH BUT NOT RELATED TO THE TERMI OR WHICH OPERATION WAS PERFORMED			200 AUTOPSY? 20b. IF YES, WERE FINDINGS USED			
9	TIF								YES NO	IN CERTIFYING CAUSES OF DEATH		
	EDICAL CE	HO		HOUR A.	IME OF INJURY UR A.M. MONTH DAY YEAR P.M. 19		21c. HOW INJURY OCCURRED (1		RED (ENTER NATURE OF INJU	RY IN ITEM 18 P	'ART 1 OR PART 2)	
4	MEDI	21d. INJURY OCCUR	LAT HOME STREET EACTORY OFF			ARM FIC)	211. LOCATION STREET CITY OR TO			IWN	COUNTY	STATE
	22a. I certify that the (this haspital) attended the deceased from 91.8 , 19 , to 110.62 sow the deceased olive on 6.25.52 19 , and that in (my) (3.4) opinion death accurred an the date and show the body after death							, 19, that (1) (we) last				
		774 SIGNE /		1		1	DEGREE				22c. DATE	SIGNED

22e ADDRESS

23c NAME OF CEMETERY OR CREMATORY

Glen Haven Mem.

DHMH - 16 50M 1/81 (VRA 15, 4)

MPORTANT

James S. Kirkley, Glen Burnites, MD

230 BURIAL, CREMATION, REMOVAL (SPECIFY)
Burial

m

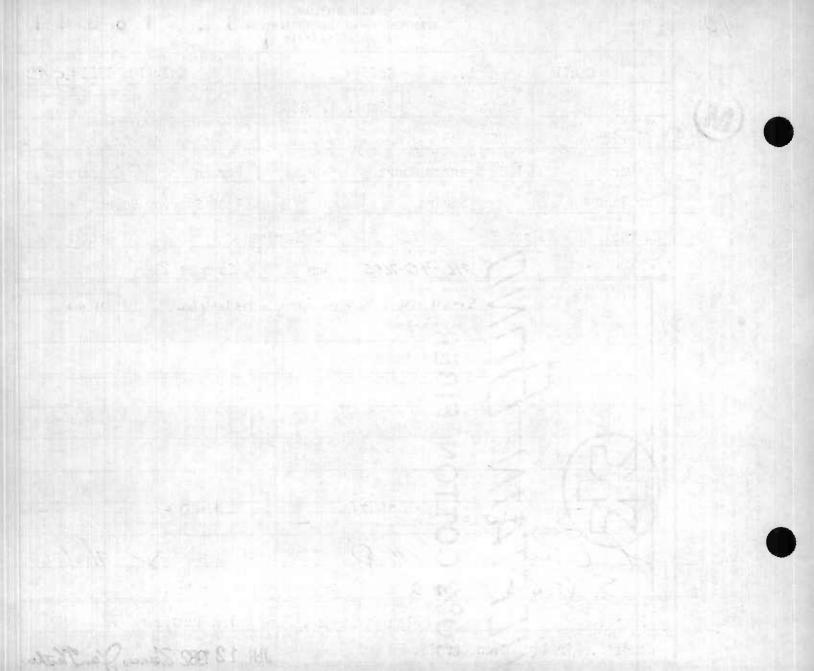
ÄÄ

7/12/82

 $MD^{\,\,\text{STATE}}$

Johns Hopkins Hospital

RYOR CREMATORY 123d LOCATION
Mem. Park Glen Burnie



			S. Zasti Elita P. Z.
1917		16 All All All All All All All All All Al	
	±x-		WW. 1810
	ST 11	one comit humbers	a New York and
The contact to solve the those		sag oddyr 1	land on the
do on to dis did set to		1.6	17.0
of in, and its away			
		A SAME AND A SAME	
14 1952 March 2007	1.00.00	1 m 1 120 m 1	July 1

STATE OF MARYLAND

CONTROL OF STREET THE RESERVE OF THE PARTY OF THE

A STATE OF THE PARTY OF THE PAR The Contract of the State of th Part I am a market land to the state of the Cartina manual Property of the Control of the Contr AT DE CONTROL OF THE PERSON OF the this Calcingment ELVEN GOAN STOLL THE STOLE STO

Poges 1 and 2

the buriol-tronsit permit. Then pleos and Mental Hygiene prior to buriol,

TO FUNERAL DIRECTOR: After should be detached for use as with the State Dept. of Health.

IMPORTANT.

74 FUNERAL DIRECTOR
FLECK LAUREL FUNERAL HOMERS INC.
7601 Sandy Spring Rd. Laurel

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE 8 2 1 6 8 4

1	- STATE REGISTRAR				CERTIF	ICATE OF	DEATH		REG. N	10.			
F	DECEASED NAME	FIRST		MIDDLE		LAST		2a. DATE Of	DEATH	MONTH	DAY	YEAR	26 HOUR
L		JACK		H	CC	DLPUS				07	Ø8	82	1715 M
3	SEX		4 RACE		5 DATE			6 AGE INY	EARS LAST BI	RTHDAY)	IF UN	DERIYEAR	IF UNDER 24 HRS
L	MALE		CAU		NOV	26	21	60)	YR	MÖNTH	DATS	HOURS MIN.
	BIRTHPLACE (STATE O	OR FOREIGN	76. CITIZEN OF	WHAT COUNTRY?	8	NEVER	ALABBIED [9 BALTIMO	RE CITY O			EATH	111111111111111111111111111111111111111
L	MICHIGAN		U.S. A	A .	WIDOWE	_	VORCED	ANNE	ARUI	NDEL			MD
	FT. MEADE		KIMBROU	HOSPITAL, NURSIN HEACILITY, GIVE STREET A GH ARMY C	OMMUN			120 USUAL (TYPE OF WOR	K FOR MOST	OF WORKIN	G LIFE) IN	DUSTRY	of Def
ľ	SUAL RESIDENCE (IF NO 30. STATE MD	13b COUN	TY	GIVE RESIDENCE BEFORE 134 CITY OR TOWN Laurel M	N	13d. INSIDE C	NO 🗶	13e STREET 239 B	ADDRESS ROCKI	RT 2 BRID	2 BX GE RI	290	
	JACK FIRST		M	COLPUS		AUR					ell	ZQ.	
16	YES DECEASED EVE		WAR OR DATES)	364-14-7		MRS.	Örma M JACK COI	LPUS	Same		13 E		MATE INTERVAL DNSET AND DEATH
	Conditions, if an gave rise to i cause (o), sto underlying cou	mmediate ting the se lost.	DUE TO, OI	R AS A CONSEQUE	NCE OF	NOT RELATED) TO THE TERMIN	NAL DISEASI	E OR CON	DITION	GIVEN IN	PART 1cc	
	190 DATE OF OPER	RATION	196 CONDI	TION FOR WHICH	OPERATIO	N WAS PERFO	DRMED	200 AUTC	PSY?	20b. IF IN CER	YES, WEI	RE FINDIN CAUSES	GS USED OF DEATH?
	OR COLUMNIA IN CO.	CAUSE OF DEAT	HOUR A.	M. MONTH DA	Y YEAR	21c HOW IN	JURY OCCURRE	ED (ENTERNA	TURE OF INJU	RY IN ITEM	18 PART I C	PART 2}	
	(IF EITHER NOTIFY ME 21d. INJURY OCCU WHILE NOT AT WORK AT V	WHILE OVERK	21e PLACE (OF INJURY EET, FACTORY OFFICE FA	RM. ETC)	211. LOCATION STREET			CITY OR TO	NWN	c	OUNTY	STATE
	22a.1 certify that sow the dece above, (1) (we)	osed alive on_		10		ULY nd that in (my)		, ta <u>8</u> eath accurre	JIII.Y d an the d	ate ond l	. 19 <u>8</u> haur and		that (I) (we) last causes stated
	17h SIGNATURE	pe S	D. 3e	ligo	M		ATTENDING PHYSICIAN	MEDICAL DIRECTOR	STA			8 JI	SIGNED ULY 82
1	774 PHYSICIANS	VAME (TYPE OR	PRIN	-		22e ADDRES		DINECTOR!		- IAI - IAI			
	JOSEPH 1	D ZELIC	S MD			USA N	MEDDAC F	TI ME	ADE.	MD 2	0755		
23	Burial, CREMATION (SPECEY) Cremat:	i on	7/10/			EMETERY OR		23d. LOCA	TION		5011	DATE:	STATE
2	L ELINIERAL DIRECTOR		1 / 10/	02 110	1 6 1	LIICOI.	TI CIEM	quury	DIE	HILLW	000	, 1	Md.

JUL 13 1982 July

DHMH - 16 50M 1/B1 (VRA 15, 4)

on sa sa sa		and a such			
	ATTA.			F.U. 3	
11. IF 10.00	250 00	ic em			IT. MEADER .TT
defixe to the			firt Lorenz	J *4brurt a	
DIFFICE TELESCOPE			September 1		mat.
17f is med	201100	MEAN TONE	12-1-12-10		
11.5		MARCO TO			
			- 3		
The state of the s			, F1	XPIT	
Value of the second		4		LOF &	2000
10, VD 20786		VETTE ASS		igu e51.	

RWERDALE CHAPEL

L. ST. Worth S. S. The A Dackers And The Control of the the state of the s The state of the s planted product the profit channel channel Bush of the first transfer of the second property and the second property and the second seco

FOR

(VRA 15, 4)

VIII SISTEMATION OF THE STREET 1950 Aura Parkar Andrews of the Commission Inc. LAWS DUNCTER ROOM STATE BOYSE THE First Mark Mark of State of St how the transfer of the section of the second His E. R. A. E. M. S. M. S. Brown and M. C. A. Carlley Day of the Company of the March of the Company of the Compan FOR STATE

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

25a DATE REC'D. BY REGISTRAR WEGISTR

		REGISTRAR		CEKITI	TICALE OF DEATH	REG.	NO.		
		CEASED NAME FIRS	MIDDLE NICKE	erle (ust X Sr	20. DATE OF DEATH	MONTH DAY	YEAR - X	26 HOUR
	3 SEX	MALE	4. RACE	5 DATE (H OAY YEAR	6 AGE (IN YEARS LAST)	BIRTHDAY) IF UN	DER) YEAR	FUNDER 24 HRS
5		RTHPLACE (STATE OF FOREIGN COUNTRY) Jings Md	75. CITIZEN OF WHAT CO		XX D NEVER MARRIED ED DIVORCED	9 BALTIMORE CITY	OR COUNTY OF E	EATH	
5	100CI	TY OR TOWN OF DEATH	1). NAME OF HOSPITAL,	NURSING HOME (IVE STREET AODRESS)	OR OTHER INSTITUTION	126 USUAL OCCUPA (TYPE OF WORK FOR MOS Salesman		b KIND OF	BUSINESS OR Auot
5	130 S	TATE 13b	ME OR OTHER INSTITUTION GIVE RESIDES	NCE BEFORE ADMISSION) OR TOWN	13d INSIDE CITY LIMITS YES NO XX	(803 Cra	No all	CD.	
O	_	evid Cox	WIOOFÉ	LAST	Edna	Harrison		LAST	
	24 - 34	VAS DECEASED EVER IN U.S	S. ARMED FORCES? 166 SOC es, GIVE WAR OR DATES) 943-46	AL SECURITY NO.	Margaret A	ADD	RESS	34	
	NO	Conditions, if ony, whice gove rise to immediate couse (a), stating the underlying cause las	DUE TO, OR AS A CO	NSEQUENCE OF	NOT RELATED TO THE TE	erminal disease or co	NDITION GIVEN IN	PART Itas	
1	CERTIFICATION	19a. DATE OF OPERATION	196 CONDITION FOR	WHICH OPERATIO	N WAS PERFORMED	200 AUTOPSY?	20b. IF YES, WEI IN CERTIFYING YES		
7	MEDICAL CER	21g. ACCIDENT WAS UNDERLYIN OR CONTRIBUTING CAUSE C (IF EITHER NOTIFY MEDICALEXA 21d INJURY OCCURRED WHILE NOT WHILE AT WORK NOT WHILE	DE DEATH HOUR A.M. MON P.M. 21e. PLACE OF INJURY (AT HOME, STREET, FACTOR)	OFFICE, FARM, ETC.)	21E LOCATION STREET	URRED (ENTERNATURE OF IN		OUNTY	STATE
	0	saw the deceased aliv	wiew the body good dept	1082	DEGREE	on death accurred or the	AFF		not (I) (see lost ouses stated
		URIAL, CREMATION, REMO SPECIFY) Burial	7-21-82	23c NAME OF C	EMETERY OF CREMATOR	23d LOCATION CITY OR TOWN Crownsvi	lle AA	Co Md	STATE

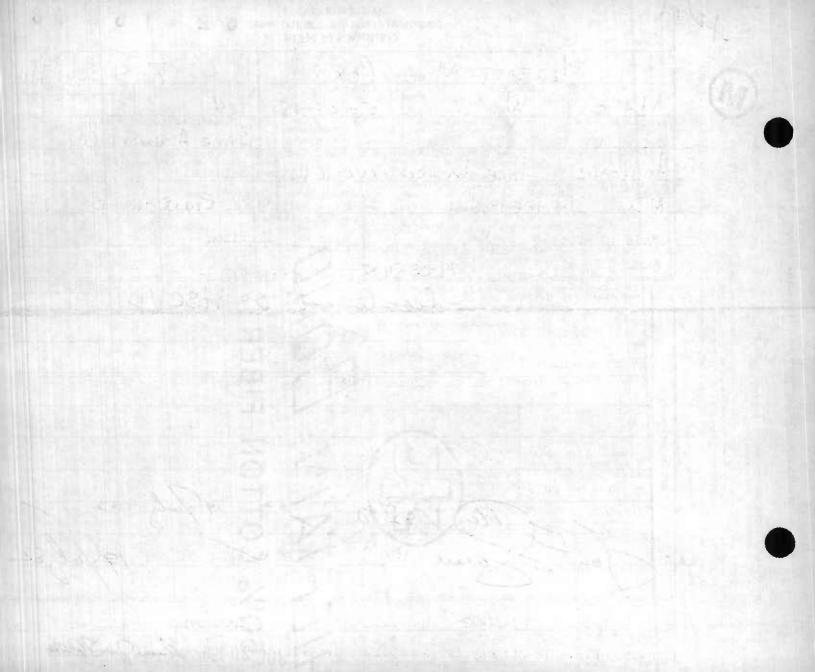
12 Ridgely Ave, Annapolis, Md. 21401

DHMH-1650M1/81 (VRA 15, 4)

24 FUNERAL DIRECTOR

Hardesty F.H.

BP.



DISSON OF VITAL RECORDS, 201 W. PRESTON ST., BALLIMOKE, MARYLAND 21/201	121201		۷
O HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 22 hours after denoted to the control of th	hours after dr	Total Vision	10.0
stoined by the hospital or attending physician.	-	-	
O FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and cample in the contribution of the co	1	percent	p.
hould be detached for use as the burial-transit permit. Then please remove carbonpapers Pages I and 2 the ultr		連号	4
with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or remayal.	7		

2/10	1	FOR - STATE ' REGISTRAR	DEPARTA	MENT OF H	OF MARYLAND EALTH AND MENTAL HYG ICATE OF DEATH	IENE 8 2	1 6 8 4 S	9
- 11 8	I. DE	CEASED NAME FIRST CHRIST	OPHER Edward		JSE, SR.	JUNE 11, 19	982 YEAR 26 HOUR 7:50	
(N	1 SE	Male	White	S. DATE C	• 18, 1915	6. AGE LIN YEARS LAST BIRTHD	PAY) IF UNDER 1 YEAR IF UNDER 2 MONTHS DAYS HOURS YRS.	MIN.
1 18 34		RTHPLACE (STATE OR FOREIGN COUNTRY) Maryland	U.S.A.	WIDOWE			DEL COUNTY	MD.
(N)	GI	ITY OR TOWN OF DEATH LEN BURNIE	11. NAME OF HOSPITAL, NURSIN (IF NOT IN SUCH FACILITY, GIVE STREET IN NORTH ARUNDEL)	ADDRESS) HOSPI		LITYPE OF WORK FOR MOST OFW	Ret) 12b. KIND OF BUSINES PORKING LIFE) INDUSTRY Cator Howard	SOR
of 22 hou	^{13а. 3} Ма	ryland A.		N . 1	138. INSIDE CITY LIMITS?	13. STREET ADDRESS 209 Pop1a	Theate ar A venue	<u> r</u>
comple l ond 2 l excm		Christopher	H. Crouse	_	15. MOTHER'S MAIDEN NAM Mary	WIDDIE	Worsdale	e
te be execu			MED FORCES? 166 SOCIAL SECU VE WAR OR DATES) 212.09	6.3	Mrs. Marg	e) paret E. Cr	Dame as T .	13
equires that the death certifica n signed by the ottending phys Then please remove carbonpop to burial, cremation, or remove injury, or other traumatic event,	NO	Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse lost.	DUE TO, OR AS A CONSEQUE (b) DUE TO, OR AS A CONSEQUE (c) CONDITIONS CONTRIBUTING TO D	SINCE OF	NOT RELATED TO THE TERM	Deed do S	APPROXIMATE INTERVIBETWEEN ONSET AND D	
The low ricion. The hos bee nsit permit. Glene prida	CERTIFICATION	190. DATE OF OPERATION	196. CONDITION FOR WHICH	OPERATION	WAS PERFORMED	200 AUTOPSY? 2	0b. IF YES, WERE FINDINGS USED N CERTIFYING CAUSES OF DEATH YES NO	1?
HYSICIAN: The Inding physicion. his certificate has burial-transit pe J Mental Hygiene or Item 18 shows		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	HOUR A.M. MONTH DA	YEAR	21c. HOW INJURY OCCURR	ED (ENTER NATURE OF INJURY IN	NITEM 18. PART I OR PART 2)	
DING PHYS or ottendir After this se as the bu alth and M marked or	MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, F)	ARM, ETC)	21f. LOCATION STREET	CUY OR TOWN	COUNTY STA	ATE
he haspital DIRECTOR: Toched for us Dept. of He		sow the deceased by above, (1) (we) (did did 1) 22b. SIGNATURE	ital) attended the degreeded from 19 K		PEGREE ATTENDING	death occurred on the date	192. DATE SIGNED	e) lost ted
ro Hospital etoined by to TO FUNERAL should be def with the Stote		JACK I STERN				DR. #135 GL	EN BURNIE, MD. 2	21061
BP		BURIAL, CREMATION, REMOVAL SPECIFY) Burial	15'June 82 Me	eadow	METERY OR CREMATORY ridge Mem. I	23d LOCATION CITY OF TOWN E1Kride	ge, How., MD.	ATE
DHMH - 16 50M 1/B1 (VRA 15, 4)	24 FI	JNERAL DIRECTOR Singleton F	uneral Home	Glen MD.	Burnie, 250 DATE	JN 14 1982	STRANG IGNATURE	*

an est a company

Frank M. Starte TO A TOTAL OF THE PARTY OF THE Course to Course hours ciceros transfer de disposaro But the free to the control of the c The state of the s Ph. The Meaning + 43 417 THE ROLL FOR SPECIAL SON IN COMMENT AND ALTER THE PLANE AND ADDRESS OF THE STREET COME. Should be seen to THE PART OF THE PROPERTY OF THE PARTY OF THE PARTY OF THE PARTY.

BP

DHMH - 16 50M 1/B1 (VRA 15, 4)

FOR STATE

	STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH	8	2	1	6	8	5	1
_			REG. NO.					
AMIDIDAE	1457	3 4 TE O	C DE ATIL WOL		CD AND	115	The second second	

1 DE	REGISTRAR			ALE OF DEATH	REG. NO.	
(TYP	ECEASED NAME FIRST	WIDDLE	LAST		20 DATE OF DEATH MONTH	DAY YEAR 76 HOUR
	MAK	7.	CIL	LUER	7 1	7 82 10:30
3 SE	EX	4. RACE	5. DATE OF BI	IRTH YEAR	6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HR MONTHS DAYS HOURS MIN
1	TEMALE	WHITE	MARCH	26 1889	43 YRS.	7.00.0
	COUNTRY)	76 CITIZEN OF WHAT COUNTRY	MARRIED	NEVER MARRIED	BALTIMORE CITY OR COUNT	
	0410	USA	WIDOWED	DIVORCED	HNNE ARUN	DEL ,
10. C	CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSI (IF NOT IN SUCH FACILITY, GIVE STREE	NG HOME OR O	THER INSTITUTION	12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING L	12b. KIND OF BUSINESS (
0	JEVERNA TARK	440 ARUNDER	L BEACH	1 KD.	HOUSEWIFE	HOME
13a.	STATE 136 COU	ROTHER INSTITUTION GIVE RESIDENCE BEFOR		I INSIDE CITY LIMITS?	13e. STREET ADDRESS	
M		PRUMPEL SEVERNA	17.1-1-	ES NO		EL BEACH RI
14. F/	ATHER'S NAME	MIDDLE LAST	15.	MOTHER'S MAIDEN NAM	ME	LAST
4	FREDERICK 1	Idemas		FANNY	ELIZABETH	SMITH
	WAS DECEASED EVER IN U.S. AI (YES, NO OR UNKNOWN) (IF YES, GI	RMED FORCES? 166 SOCIAL SEC	URITY NO. 17	INFORMANT	ADDRESS	(2)
	No -	- 044-22-	5564 F	ATRICIA C.	DUFFY (SA	IME AS 13)
100	18 CAUSE OF DEATH (Enter of	nly ane cause per line for (a), (b), a	nd (c II)			APPROXIMATE INTERVAL BETWEEN ONSET AND DEAT
	PART I. DEATH WAS CAUS	TE CAUSE (D) CQVO	woresn	iratury		
	12639	DUE TO, OR AS A CONSEQU	JENCE OF	J		
	Canditians, if any, which	(1b) Stra	xe.		ne Challelin	
	gove rise to immediate cause (a), stating the	DUE TO, OR AS A CONSEQU	JENCE OF	• 5 1 5 1 7 5		
	underlying cause last	(c) mal	nutrit	non		
l_	PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO			INAL DISEASE OR CONDITION GIV	VEN IN PART 11a
ō	F	themia				
3	190 DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATION W	AS PERFORMED		S, WERE FINDINGS USED
-					I IN CERT	FYING CALISES OF DEATHS
RTIF					YES NO YE	FYING CAUSES OF DEATH?
CERTIFICATION	2) g. ACCIDENT WAS UNDERLYING	THE PARTY OF THE PARTY OF	AY YEAR	c. HOW INJURY OCCURR		ES NO
	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE	ATH HOUR A.M. MONTH D	DAY YEAR	c. HOW INJURY OCCURR	YES NO YE	ES NO
	OR CONTRIBUTING CAUSE OF DE (IF EITHER NOTIFY MEDICAL EXAMINE 21d INJURY OCCURRED	P.M. 21e PLACE OF INJURY	19 21f	c. HOW INJURY OCCURR F LOCATION STREET	YES NO YE	ES NO
MEDICAL CERTIFIC	OR CONTRIBUTING CAUSE OF DE	HOUR A.M. MONTH D	19 21f	LOCATION	YES NO D YE	PART I OR PART 2)
	OR CONTRIBUTING CAUSE OF DE (IF EITHER NOTIFY MEDICAL EXAMINE 21d. INJURY OCCURRED WHILE NOT WHILE AT WORK AT WORK 22d. I certify that (I) (this hosp	ATH RI P.M. 21e PLACE OF INJURY (AI HOME STREET FACTORY OFFICE. Ital) attended the deseased from	PAY YEAR 19 FARM ETC) 21f	LOCATION	YES NO D YE	PART 1 OR PART 2) COUNTY STATE
	OR CONTRIBUTING CAUSE OF DE (IF EITHER NOTIFY MEDICAL EXAMINE 21d. INJURY OCCURRED WHILE NOT WHILE AT WORK AN WORK 22d. I certify that (I) (this hosp	ATH RI P.M. 21e PLACE OF INJURY (AI HOME STREET FACTORY OFFICE. Ital) attended the deseased from	FARM ETC.)	f LOCATION STREET	YES NO D YE	ES NO PART 1 OR PART 2} COUNTY STATE 19 8 2 that (1) (we) 1
	OR CONTRIBUTING CAUSE OF DE (IF EITHER NOTIFY MEDICAL EXAMINE 21d. INJURY OCCURRED WHILE NOT WHILE AT WORK AN WORK 22d. I certify that (I) (this hosp	ATH RI P.M. 21e PLACE OF INJURY (AI HOME STREET FACTORY OFFICE. Ital) attended the deseased from	FARM ETC.)	TOCATION STREET 19 at in (my) (aur) apinion o	YES NO YES YES NO TOWN CITY OR TOWN To July A dote and how	COUNTY STATE 19 that (I) (we) I wr and from the causes stated
	OR CONTRIBUTING CAUSE OF DE (IF EITHER NOTIFY MEDICAL EXAMINE 21d. INJURY OCCURRED AT WORK AT	ATH RI P.M. 21e PLACE OF INJURY (AI HOME STREET FACTORY OFFICE. Ital) attended the deseased from	FARM ETC) 21f	f LOCATION STREET 19 and in (my) (aur) apinion of the control of	YES NO YES WED (ENTERNATURE OF INJURY IN ITEM 18 CITY OR TOWN	PART 1 OR PART 2) COUNTY STATE 19
	OR CONTRIBUTING CAUSE OF DE (IF EITHER NOTIFY MEDICAL EXAMINE 21d. INJURY OCCURRED AT WORK AT	ATH P.M. MONTH D. P.M. 21e PLACE OF INJURY (AT HOME STREET FACTORY OFFICE. itot) attended the deceased from T. 19. 21) view the book office death.	FARM ETC) 21f	f LOCATION STREET 19 and in (my) (aur) apinion of the control of	VES NO VED VED (ENTER NATURE OF INJURY IN ITEM 18	COUNTY STATE 19 that (I) (we) I wr and from the causes stated
	OR CONTRIBUTING CAUSE OF DE (IF EITHER NOTIFY MEDICAL EXAMINE 71d. INJURY OCCURRED WHILE NOT WHILE AT WORK 72a. I certify that (I) (this hosp saw the deceased alive or abave, (I) (w) (did) (did not) 72b. SIGNATURE	ATH P.M. MONTH D. P.M. 21e PLACE OF INJURY (AT HOME STREET FACTORY OFFICE. itot) attended the deceased from T. 19. 21) view the book office death.	FARM ETC) 21f	T LOCATION STREET 19 and in (my) (our) apinion of the control of	VES NO VED VED (ENTER NATURE OF INJURY IN ITEM 18	COUNTY STATE 19
WEOICAL	OR CONTRIBUTING CAUSE OF DE (IF EITHER NOTIFY MEDICAL EXAMINE 21d. INJURY OCCURRED WHILE AT WORK ANORM AT WORK 22d. I certify that (I) (this hosp saw the deceased alive ar abave, (I) (w) (did) (did no 22b. SIGNATUSE 22d. PHYS CIAN'S NAME (TYPE) BURIAL, CREMATION, REMOVAL	ATH P.M. 21e PLACE OF INJURY (AT HOME STREET FACTORY OFFICE. (tot) attended the deceased from Tot) view the body biter death. 2r PRINT)	FARM ETC.) 21f DEG:	T LOCATION STREET 19 and in (my) (our) apinion of the control of	VES NO VED VED (ENTERNATURE OF INJURY IN ITEM 18 CITY OR TOWN TO JULY 17 JEDICAL STAFF DIRECTOR PHYSICIAN REDICAL STAFF DIRECTOR PHYSICIAN	COUNTY STATE 19 82, that (I) (we) I ur and fram the causes stated 27c. DATE SIGNED 718882
WEOICAL	OR CONTRIBUTING CAUSE OF DE (IF EITHER NOTIFY MEDICAL EXAMINE 21d INJURY OCCURRED NOT WHILE AT WORK AT	ATH P.M. 21e PLACE OF INJURY (AT HOME STREET FACTORY OFFICE. (tot) attended the deceased from Tot) view the body biter death. 2r PRINT)	FARM ETC.) 21f DEG:	F LOCATION STREET 19 81 nat in (my) (aur) apinion of the control	VES NO VED VED (ENTER NATURE OF INJURY IN ITEM 18 CITY OR TOWN TO JULY	COUNTY STATE 19 that (I) (we) I wr and from the causes stated

CHEV EXC OHIO USA HOW HELINDER Steered PREK 440 Mainter Bench Ko. Heuselvine House MARKETTE BOOKEMEN STREET PRESE 440 Mainzer Lasen 72 FRIEDLIN F. THEMAS FAMEY RAILBOTH STITLEN NO - ONE DE ESTA PROSECUE C. DELIFER (COMMENTS 189) CIVE MILLION THAT I'M HER INCREASE WILLIAMS WASHINGTON , SECURIOR .. MILLIAMS ... M Beer S. Luzune Service Har

THE Y	X BO		FOR STATE REGISTRAR			CERTIF	E OF MARYLAND EALTH AND MENTAL HYC ICATE OF DEATH	REG. NO.	6 8	5 2 E.D.T.
	, κ <u>ξ</u>		CEASED NAME FIRST		MIDDLE	ı	AST	28. DATE OF DEATH MONTH	DAY YEAR	2b. HOUR
	poge 3	0.05	NATH			W	VENPORT	JULY 28		4:15A _M
4	ector, p	3. SE		4 RACE		5. DATE C		6. AGE (IN YEARS LAST BIRTHDAY)	MONTHS DAYS	IF UNDER 24 HRS HOURS MIN.
000	direct hours	2 00	RTHPLACE (STATE OF FOREIGN	NEGRO		1	10 1912	70 _{YRS.}		
The state of the s	nin 72	V	IRGINIA	U.S		WIDOWE		9. BALTIMORE CITY OR COUNTY ANNE ARUNDEL CO	UNIY	MD.
201	T S E E	GI	EN BURNIE	(IF NOT IN SU	ORTH ARUN	DEL HO	OR OTHER INSTITUTION	12a. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIF		OF BUSINESS OR
AND 2120		130 S	ALRESIDENCE (IF NURSING HOMESTATE 136 CC	E OR OTHER INSTITUTION DUNTY A .	13c. CITY OR TOW GLEN BU	ADMISSION) RNIE	13d. INSIDE CITY LIMITS?	13. SIREET ADDRESS 488 West Court		
MARYLAND		14. FA	THER'S NAME PIRST NOAH	MIDDLE	DAVENPOR	r	IS. MOTHER'S MAIDEN NA FIRST QUEEN	ME MIDDLE ETTA	Ď	AVENPORT
BALTIMORE, MA	n and co	160 V	VAS DECEASED EVER IN U.S. YES, NO OR UNKNOWN) (IF YES	ARMED FORCES? GIVE WAR OR DATES)	16b. SOCIAL SECU	RITY NO.	17. INFORMANT NATHAN DAVEN	ADDRESS PORT 488 West Ct.	Glen	Burnie, Mo
W. PRESTON ST.,	by the asserement.		18 CAUSE OF DEATH (Enter PART I. DEATH WAS CAID SOME SOME SOME SOME SOME SOME SOME SOME	DIATE CAUSE (a) DUE TO, (b)	OLDAU DR AS A CONSEQUE	NCE OF -	tract infe	tion		ONSET AND DEATH Solary LK
DIVISION OF VITAL RECORDS, 20.	been signemit. Then plories to buri	CERTIFICATION	MAA. J. L	o vascu	lar ac	cide	NOT RELATED TO THE TERM	IN CERTIF	EN IN PART TO	NGS USED
OF VIT	reformers the rolling of the rolling		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF (IF EITHER, NOTIFY MEDICAL EXAM	DEATH HOUR A	OF INJURY N.M. MONTH DA P.M.	YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY IN ITEM 18 P	ART (OR PART 2)	
IVISION	the ond	MEDICAL	214. INJURY OCCURRED WHILE NOT WHILE AT WORK		OF INJURY TREET, FACTORY, OFFICE, F	ARM ETC)	21f LOCATION STREET	CITY OR TOWN	COUNTY	STATE
ATTENDIA	21 for TO	Ó	22a. I certify that (1) (this has sow the deceased almost above, (1) (we) (and) die	ospital ottended t	deceased from	82 or		death occurred on the date and hou	r and from the	
A S I S I S I S I S I S I S I S I S I S	Y the haspy the haspy the haspy the haspy detached that Dept.	E,	22b. SIGNATURE	ine m	Dail	ly	ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	1-2	8-82
HOSPI	TO FUNERAL Eshould be detained by the Should be detained with the State MPORTANT: If			M. DAIL		0			OAD 21122	
	BP	B	SURIAL, CREMATION, REMOVED INTERIOR	236 DATE 8-1-1			emetery or crematory LT MEM. CEMET		COUNTY	Virginia.
DHA	MH - 16 50M 4/B2 (VRA 15, 4)		JUERAL DIRECTOR LLTAM REESE	Innapolis SONS Mo	ATUARY, P	d _A .	25a. DA	TUG - 2 1982		Mother

A SANT MARK . A.A. . HOWEVER ARRAINEN, BARLIN, M.D. THE RECEIVED BY THE PROPERTY OF THE PROPERTY O THE PARTY OF THE P

FOR

(VR A 15 (4))

TO BE A SECURE OF THE PROPERTY to A large and the large and t Size B size Size group of the rate of states and the control

INEX E LEEDENO 30-20-80 F 9744 R 300-3 all the said the good we get I have not be the little with different agency men and a Visus Steam A THE STATE OF THE and the second of the second

BP

DHMH - 16 50M 1/81 (VRA 15, 4)

ector, page 3

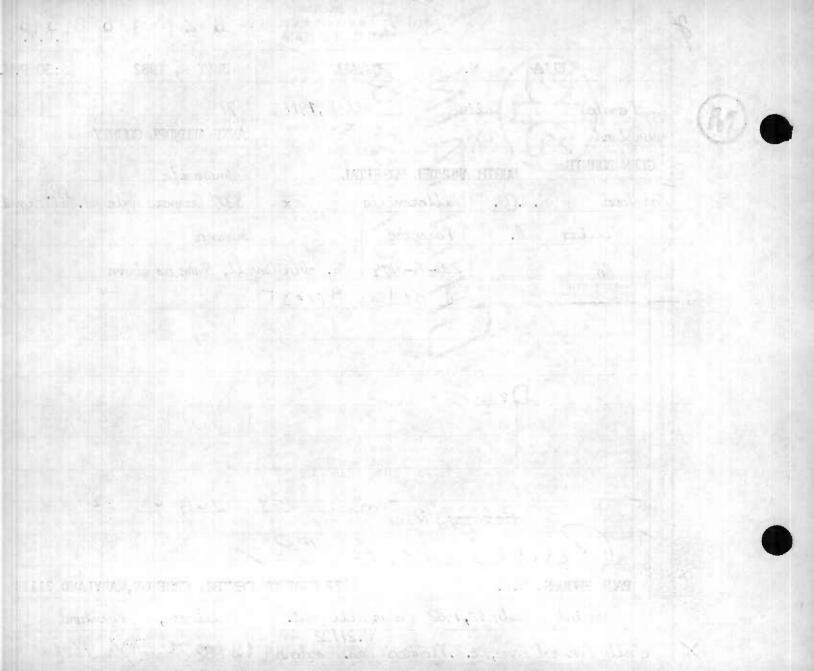
	1.	FOR - STATE REGISTRAR		DEPARTMENT OF	ATE OF MARYLAND F HEALTH AND MENTAL HYG IFICATE OF DEATH	SIENE 8 2	1 6 8	5 5 E.D.T.
		CEASED NAME FIRST CHARL		RICHARD D	ICKERSON		ONTH DAY YEAR	26 HOUR A.
	3 SE		RACE White	5. DAT	E OF BIRTH NITH 14, 1974	6. AGE (IN YEARS LAST BIRTHD	MONTHS DATS	IF UNDER 24 HRS.
A	Ta. Bi	IRTHPLACE (STATE OR FOREIGN)	U.S.A	WHAT COUNTRY? 8 MARE	RIED NEVER MARRIED DIVORCED	9 BALTIMORE CITY OR	YRS COUNTY OF DEATH	MD
1		LEN BURNIE	NAME OF I	HOSPITAL, NURSING HOMI H FACILITY, GIVE STREET ADDRESS) ARUNDEL HOS	E OR OTHER INSTITUTION	126 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF W Dispatcher	12b. KIND	OF BUSINESS OR
5	Mc	anyland Anne		GIVE RESIDENCE BEFORE ADMISSION BALLING RE	N) 13d INSIDE CITY LIMITS? YES NO X	13e. STREET ADDRESS 702 Fenni	U Rd.	21226
٥		Benjamin	AIDDLE F•	Dickerson	IS MOTHER'S MAIDEN NAME FIRST	WIDDIE	Hann	is i
		NAS DECEASED EVER IN U.S. ARA YES NO OR UNKNOWN) (IF YES, GIVE	MED FORCES? WAR OR DATES)	216-07-6968		kerson 1818 9		Ct. 21144
	NOI	PART I. DEATH WAS CAUSED IMMEDIATE Conditions, if ony, which gave rise to immediate cause (a), stating the underlying cause last. PART 2 OTHER SIGNIFICANT CO	DUE TO, OI (c)	R AS A CONSEQUENCE OF	UT NOT RELATED TO THE TERM	INAL DISEASE OR CONDIT	ON GIVEN IN PART 1	í a
7	CERTIFICATION	190 DATE OF OPERATION	196 CONDI	TION FOR WHICH OPERAT	ION WAS PERFORMED	200 AUTOPSY? 2	Ob. IF YES, WERE FINDE N CERTIFYING CAUSE YES	INGS USED S OF DEATH?
1	MEDICAL CER	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEAT (IF EITHER NOTIFY MEDICAL EXAMINER) 21d INJURY OCCURRED	P./ 21e PLACE (M. MONTH DAY YEA M. 19	·R	RED (ENTER NATURE OF INJURY II	N ITEM 18 PART 1 OR PART 2)	STATE
	V	WHIE NOT WHIE AT WORK 27e I certify that (1) (this hospitt sow the deceosed alive on ove, (1) (we) (did) (did not the source of the source). NATURE	al) attended the	e deceosed from	and that in (my) (aur) apinion	to death occurred on the date	and hour ond from the	, that (1) (we) last e couses stated E SIGNED
		RECEP EROL		30	ATTENDING PHYSICIAN [220 ADDRESS 325 H	MEDICAL STAFF DIRECTOR PHYSICIAN OSPITAL DRIVI PUDNIF MARY	N□ Ju E, SUITE 10	ly 2,1982
		BURIAL, CREMATION, REMOVAL (SPECIFY) Burial	23h DATE	100= 0 1	CEMETERY OR CREMATORY	23d. LOCATION CITY OF TOWN P	A Aguarda	1 Md
	Mc	UNERAL DIRECTOR Mtn. & Cully Funeral F	Tick Nome of	eck Rds. Pasa	idena, Md. 250 DRT 21122	E REC'D. BY REGISTRAR 256	REGISTRAL'S SIGNA	Westler

			17 (17.00)		
			الماناو	100	
				lizal garage	
ministra 19	interplate in	MITTER TO			
DON S USA		Displication of the same of th	Los debrons and	le digrafi	
	Yan	511.13	adail . F	nimi	
. 6 5 5 5	Witnesseletti.	77-56 our		511	
ERA CAME					
	The state of the s				
B Youngara F - XII	wit and weder	Adding the second	187,237	2-3ay1	
The San Later				opul udday on	

Later of the later with the state of the sta Westernach 1 24 5 x 2 Have Handed Co. Project the Mit Ven of It Rounded Was in Butter Homemaker The Publishment of the State of the TO THE PROPERTY OF THE PROPERTY OF WILLY SON THERE ENGLISTED CONTRACTOR STREET STREET TELLE THERE HELDS AD I THE BEET

LA CLUSTER OF	ERREN SHAPE			
				4
		1 9 .		
		1		
AMIS THE				
AMIS THA				

		REGISTRAR		CERTIFICATE OF DEATH	REG. NO.	E.D.1
deoth deoth		CEASED NAME FIRST ELLA	M.	DUVALL	JULY 9, 1982	y YEAR 2b. HOUR 6:30
er e	3. SE	Female	4 RACE White	S. DATE OF BIRTH MONTH April 30, 1911		UNDER I YEAR IF UNDER 24
M St	M	RTHPLACE (STATE OR FOREIGN AND Land	76. CITIZEN OF WHAT COUNT	MARRIED NEVER MARRIED WIDOWED DIVORCED	ANNE ARUNDEL COU	
tiled with	G	SLEN BURNIE	NORTH ARUNDE	HOSPITAL	120. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) Housewife	126 KIND OF BUSINES INDUSTRY
should be er met	Ma	ryland 136 COL	DR OTHER INSTITUTION GIVE RESIDENCE BI	rsville YES NO E	8207 Jumpers Hox	le Rd. Mille
Complete 1 and 2)	William	H. Fors	7	Unknown	LAST
on ond costs. Pages		No	DE WAR OR DATES	5-8119 Ma. Javin D	uvall, Same as abov	<i>ie</i>
ed by oleose riol, c		underlying couse lost.	(10)			
t. Then port to bu	NOIL		Dementi	TO DEATH BUT NOT RELATED TO THE TER		
sit permit. Then parents of price prior to but hows only injury.	RTIFICATION	19a Date of Operation	Dementi 1196 CONDITION FOR WH	ICH OPERATION WAS PERFORMED	200 AUTOPSY? 20b. IF YES, WIN CERTIFYIN YES VOICE YES	WERE FINDINGS USED NG CAUSES OF DEATH
certificate has been signs oriol-tronsis permit. Then p tental Hygene prior to buu Item 18 shows ony injury.	ICAL CERTIFICATION	19a DATE OF OPERATION 21a, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE	196 CONDITION FOR WH	DAY YEAR	200 AUTOPSY? 20b. IF YES, W	WERE FINDINGS USED NG CAUSES OF DEATH
Wher this certificate has been signe as the burial-itransit permit. Then p th and Mental Hygiene prior to bur orked or Item 18 shows any injury.	MEDICAL CERTIFICATION	19g DATE OF OPERATION 21g, ACCIDENT WAS UNDERLYING [OR CONTRIBUTING] CAUSE OF DE	196 CONDITION FOR WH 216 TIME OF INJURY HOUR A.M. MONTH	DAY YEAR 19 21f. HOW INJURY OCCU 21f. LOCATION STREET	200 AUTOPSY? 20b. IF YES, WIN CERTIFYIN YES VOICE YES	WERE FINDINGS USED NG CAUSES OF DEATH NO 1
CTOR. After this certification of the old month of Health and Mental 21 is marked or them		19a. DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE (IFEITHER, NOTIFY MEDICAL EXAMINE 21d. INJURY OCCURRED WHILE NOT WHILE AT WORK AT WORK AT WORK 22a. Cereby the deceased alive or obove, (I) we' (Idia) (idia)	21b. TIME OF INJURY HOUR A.M. MONTH P.M. 21c. PLACE OF INJURY (AT HOME STREET FACTORY, OFFI	DAY YEAR 19 21f. HOW INJURY OCCU 21f. LOCATION STREET 7 40 40 40 40 40 40 40 40 40	200 AUTOPSY? 20b IF YES, WIN CERTIFYIN YES NO YES [URRED (ENTER NATURE OF INJURY IN ITEM IB PART	WERE FINDINGS USED NG CAUSES OF DEATH NO 11 OR PART 2) COUNTY STA
RAL DIRECTOR. After this certificate detached for use as the buriol-tistote Dept. of Health and Mental NI: if them 21 is marked or them.		19a. DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE (IF EITHER NOTIFY MEDICAL EXAMINE 21d. INJURY OCCURRED WHILE NOT WHILE AT WORK 22a.1 certify that (I) (this hosp sow the deceased alive or obove, (I) We) (did) (did in 22b. SIGN AT URE	21b. TIME OF INJURY HOUR A.M. MONTH ER) 21e. PLACE OF INJURY (AT HOME STREET FACTORY, OFFI off) view the body ofter death	DAY YEAR 19 21f. HOW INJURY OCCU THE PROPERTY OF THE PROPERTY	200 AUTOPSY? 20b IF YES, WIN CERTIFYIN YES NO YES (IN CERTIFYIN YES) (IN CERTIFYIN YES) (ITY OR TOWN)	WERE FINDINGS USED NG CAUSES OF DEATH NO 11 OR PART 2) COUNTY STA
CIOR. After this certification use as the buriol-in of Health and Mental 21 is marked or Item.	MEDICAL	19a. DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE (IFEITHER, NOTIFY MEDICAL EXAMINE 21d. INJURY OCCURRED WHILE NOT WHILE AT WORK AT WORK AT WORK 22a. Cereby the deceased alive or obove, (I) we' (Idia) (idia)	21b. TIME OF INJURY HOUR A.M. MONTH P.M. 21c. PLACE OF INJURY (AT HOME STREET FACTORY, OFFI ottol) ottended the deceased from ottol view the body ofter death	DAY YEAR 19 21f. HOW INJURY OCCU THE PROPERTY OF THE PROPERTY	200 AUTOPSY? YES NO YES NO IN CERTIFYIN YES ON OUT OF NOTION ITEM 18 PART CITY OR TOWN OUT OF TOWN OUT OF TOWN APPLICAL STAFF DIRECTOR PHYSICIAN OUT OF TOWN NEPICAL STAFF DIRECTOR PHYSICIAN OUT OF TOWN NEPICAL STAFF OUT	WERE FINDINGS USED NG CAUSES OF DEATH NO 1 1 OR PART 2) COUNTY STA 2 , that (1) (we not from the couses state



FOR

STATE OF MARYLAND	-	4.3	6	63	75.00	
DEPARTMENT OF HEALTH AND MENTAL HYGIENE	O	La	0	0	-3	
CERTIFICATE OF DEATH						

I	- STATE REGISTRAR		CERTIFICAT	E OF DEATH	REG. NO	o.		
	1. DECEASED NAME PIRST (TYPE OR PRINT)	HA EI	WAR	DS.	20 DATE OF DEATH	DAY YEA	25 HOL	PM
	3 SEX	A. RACE 3	S DATE OF BIR	TH YEAR 1914	6. AGE LIN YEARS LAST BIRT	THDAY) IF UNDER LY MONTHS D		24 HRS MIN
Μ.	70. BIRTHPLACE (STATE OR FOREIGN 7. COUNTRY) VIRGINIA	US A	MARRIED WIDOWED	NEVER MARRIED	ANNE ARU			MD.
	CITY OR TOWN OF DEATH	NAME OF HOSPITAL, NURSING	DORESETT	م داله م	12a USUAL OCCUPATION (TYPE OF WORK FOR MOST O	ON 126. KIN	D OF BUSINE	SS OR
	USUAL RESIDENCE THE NURSING HOME OR O 130 STATE 136 COUNT MARYLAND A.	13c. CITY OR TOWN	IS YES	XX NO [od Avenue		
	ALFRED	NODLE LAST GILLI		OTHER'S MAIDEN NAM	WIDDLE		NS.	
	MAS DECEASED EVER IN U.S. ARM	AED FORCES? 166 SOCIAL SECUR WAR OR DATES) 214 14	1000	NDA IRICK 1	o37 Dedar I	Annapolis	s, Md.	ig ,
	Conditions, if any, which gove rise to immediate cause (a), stating the underlying cause lost. PART 2. OTHER SIGNIFICANT CO	DUE TO, OR AS A CONSEQUED (b) DUE TO, OR AS A CONSEQUED (c) ONDITIONS CONTRIBUTING TO D	NCE OF	RELATED TO THE TERMIN			110	
	NO 190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING	196 CONDITION FOR WHICH (DPERATION WA	S PERFORMED	200 AUTOPSY?	20b. IF YES, WERE FIN IN CERTIFYING CAU YES []		
	21e. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) 21d. IN JURY OCCURRED WHILE NOT WHILE AT WORK AT WORK 22a.1 certify that this haspite sow the deceased alive on above, (1) (we) (did) (did not) THE PHYSICIAN'S NAME THE OR TROUBLE CONTRIBUTION REPHYSICIAN'S NAME THE OR TROUBLE CONTRIBUTION ROWALD P.C.	P.M. 21e. PŁACE OF INJURY (AT HOME STREET, FACTORY, OFFICE, FA	Y YEAR 19 RM ETC) 21f. i 2 , and that DEGRE	OCATION STREET 19 79 in (aur) apinion de le ATTENDING PHYSICIAN (ADDRESS	сіту оя тоу ta 7 - 2	VN COUNTY 19 19 1te and hour and fram 27c. D	s, tho	
1	230 BURIAL, CREMATION, REMOVAL (SPECIES BURIAL)			RY OR CREMATORY	23d LOCATION CITY OR TOWN	COUNTY	s bree furr	TATE

DHMH - 16 50M 1/81 (VRA 15, 4)

BP.

24 FUNERAL DIRECTOR
NAME
WILLIAM REESE & SONS MORTUARY, P.A.

ARK LAnnapolis
750. DATE REC'D. BY REGISTRAR 256 RE
JUL 9 1987

NATURA -

Control of the second control of the second control of All arms of the state of the st THE PARTY SOOR OF THE PARTY SALES AND ASSESSMENT OF THE PARTY SALES AND AS P. C. William Company of the South of the Company of the Company of the South of th AND STREET SHALL STREET -7 -7 -7 - F- C Carried the second of the seco The state of the s

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR				CERTII	FICATE OF	DEATH		REG. N	0.			
	EASED NAME DR PRINT)	Josep		anyon	EDW	ARDS	Jr.	20 DATE O	uly	25,	1982	10	HOUR
3. SEX	male		4 RACE wh	nite		of BIRTH	6, 190	6 AGE (IN	FEARS LAST BIR	YRS	MONTHS D	_	UNDER 24 HRS
	THPLACE I STATE OR	FOREIGN	76 CITIZEN OF	WHAT COUNTRY USA	? 8 MARRIE WIDOWI	NEVER	MARRIED -			R COUNT	YOF DEATH		MI
) IO CIT	or town of de Odento			HOSPITAL, NURS				120 USUAL					usiness or Yard
USUAL 13a. ST	RESIDENCE (# NUR ATE MD	136 COUN	OTHER INSTITUTION X	odento		13d. INSIDE	CITY LIMITS?	130 554	ADDRESS W11	liam	sburg	g La	ane
14 FAT	Joseph	^	B.	Eď₩a	rds S		'S MAIDEN NA/	ME	MIDDLE			Ve a	-
	AS DECEASED EVER	(IEVES CIVE	MED FORCES? WAR OR DATES)	21 9 05		7 A	Mrs.	E1ba	ADDRI L.			s :	
No.	Conditions, if any gove rise to im couse (a), stati underlying cousi	imediate ng the e lost.	(b) DUE TO, O	R AS A CONSEQUENCE OF AS A CONSEQUENCE ON TRIBUTING TO	JENCE OF	NOT RELATE	D TO THE TERM	OYCA	of a	203	VEN IN PAR	T Ito	
CERTIFICATION	9a. DATE OF OPERA	ATION	196 COND	ITION FOR WHIC	H OPERATIO	N WAS PERF	ORMED	200 AUTO	DPSY?	IN CERT	S, WERE FIN	ISES OF	USED DEATH?
MEDICAL	21a. ACCIDENT WAS UN OR CONTRIBUTING (IF EITHER NOTIFY MED 21d. IN JURY OCCUR WHILE WHILE AT WORK AT WORK	CAUSE OF DEA	P. 21e PLACE	m. month (19	21f LOCATI			-	RY IN ITEM 18.		T 2)	STATE
2	22a Certify that I saw the decess obove, (h) (we) (22b. SIGNATURE	this hospit sed alive and did) (did not	View the body			nd that in (my DEGREE	(our) opinion of the state of t	MEDICAL	STA	FF			
	URIAL CREMATION	, REMOVAL	23b. DATE 28 Ju			EMETERY OR Have	crematory n Mem :	Pk GI		/ urni	e count		MD ^{ATE}

O FUNERAL DIRECTOR should be detached MPORTANT

marked or Item 18 sho

24 FUNERAL DIRECTOR Home, Glen Burnie, MD Funeral

an lather

DHMH - 16 50M 1/8I (VRA 15, 4)

4 50 sense a symptotic of the transfer

BP.

DHMH-16 50M 1/B1 (VRA 15, 4)

-	FOR * 1 - STATE REGISTRAR	DEPA	RTMENT OF H	E OF MARYLAND BEALTH AND MENTAL HY ICATE OF DEATH	(GIENE 8 2 REG. N	1 6	3 6 E.D.T
	DECEASED NAME FIRST	WIDDLE		IADDC	20. DATE OF DEATH		26 HOUR A.
2	LOL			IARDS	JULY	,	M
	Female	White	Jul	DAY YEAR	6 AGE (IN YEARS LAST BI	RTHDAY) IF UNDER 1 YE MONTHS DA	
5	BIRTHPLACE ISTATE OR FOREIGN West Virginia	76. CITIZEN OF WHAT COUNTR	MARRIE			OR COUNTY OF DEATH NDEL COUNTY	MD.
4	GLEN BURNIE	11. NAME OF HOSPITAL, NUR (IF NOT IN SUCH EACILITY, GIVE STR NORTH ARUND	REET ADDRESS)		170 USUAL OCCUPAT (TYPE OF WORK FOR MOST) Housewif	OF WORKING LIFE) INDUST	D OF BUSINESS OR RY
130	Maryland 136 COU	DR OTHER INSTITUTION GIVE RESIDENCE BEI JNTY 136, CITY OR TO AA Glen E	OWN	13d. INSIDE CITY LIMITS?	13e. STREET ADDRESS 7355 Furn	ace Branch	Road, E
C	FATHER'S NAME Thomas	McNet 1		Elizabet	WIDDIE	Fre	ench
160	WAS DECEASED EVER IN U.S. A (YES NO OR UNKNOWN) (1F YES, G	RMED FORCES? 166 SOCIAL SE	-86.19 M	17 INFORMANT	d Grammer, 7	ESS Glen Bu	rnie, MD
IFICATION	198 DATE OF OPERATION	DUE TO, OR AS A CONSECTION OF THE CONDITIONS CONTRIBUTING TO THE CONDITION FOR WHITE C	O DEATH BUT		MINAL DISEASE OR CON 700 AUTOPSY? YES \(\text{VO} \text{NO} \)	20b IF YES, WERE FIN	DINGS USED SES OF DEATH?
CAL CERT			DAY YEAR	21c. HOW INJURY OCCU	RRED (ENTER NATURE OF INJU	YES TIRY IN ITEM 18 PART I OR PART	NO []
MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME STREET FACTORY, OFFICE	CE FARM ETC)	211 LOCATION STREET	CITY OR TO	DWN COUNTY	STATE
	saw the deceased alive at	oital) attended the discussed fram	3/ 7	d that in (my) (aur) opinio	, ta		
	Obove, (h) (we) (did) (did no 1776. SIGNATURE 1776. PHYSICIAN'S NAME (TYPE HAMID TOWHI.	OR PRINT)		ATTENDING PHYSICIAN 233	MEDICAL STA DIRECTOR PHYSIC MOUNTAIN SADENA MARY	FF CIAN 270 DA	—, that (I) (we) last the causes stated TE SIGNED

	STATE	OF M	ARYL	AND	
DADTMEN	H 30 T	CALTH	AMD	MENT	ü

	1	REGISTRAR				CERTIF	ICATE OF DEATH		REG. N	0.		E.D.	т.
		CEASED NAME	FIRST		MIDDLE		AST	20			DAY YEAR	26. HOUR	
	TIANE	OR PRINT)	HILA	BV	IZETTE	ELI	LIOTT		J	JLY 30	, 1982	12:3	35A
1	3. SEX	X		4. RACE		S. DATE C	OF BIRTH	6.	AGE LIN YEARS LAST BIR		IF UNDER TYEAR		
		Female		Whi	te	Fe	3.17,1896 EAR		86	YRS.	NONTHS DAYS	HOURS	MIN.
32		RTHPLACE (STATE	E OR FOREIGN	76. CITIZEN OF	WHAT COUNTRY?	8	D NEVER MARRIED	9.1	BALTIMORE CITY O		OF DEATH		
5	1	inginia		U	SA	WIDOWE			ANNE AF	RUNDEL	COUNT	Y	MD.
1	10. CI	TY OR TOWN OF	DEATH		HOSPITAL, NURSIN		OR OTHER INSTITUTION		USUAL OCCUPATI			OF BUSINES	
4.		EN BURNI		NC.	ORTH ARUN		OSPITAL	"	Homemak		E) INDOSTRI		
L		AL RESIDENCE (#	NURSING HOME OF		GIVE RESIDENCE BEFOR		1 13d. INSIDE CITY LIMIT	S? 113e	SIREET ADDRESS				110
		iryland	A	A.(o.	Brookly		YES NOXX	: 40	08 (edar t	till R	d.Bk.M	H.	
7	14 FA	THER'S NAME		MIDDLE	T LAST /		15. MOTHER'S MAIDEN		MIDDLE		C1/	AST	
6		Louis	•		Frank			heri			(a	nnoy	
		VAS DECEASED ET		MED FORCES?	166 SOCIAL SECU	URITY NO.	17. INFORMANT		ADDRE	SS			
	-	No			233-16-1	263	Mas Virgin	ia II	zialko San	re as	above		
		18 CAUSE OF D	EATH (Enter or H WAS CAUSE	nly ane cause per	r lingtor (a), (b), ar	ndid 1	10 4		1		BETWEEN	XIMATE INTERV	DEATH
		TAKI I DEAI		TE CAUSE (a)	make	w	renoc	crol	cus				
		250	/ 6	DUE TO, O	R AS A CONSEOU	ENCE OF							
		Conditions, if		y (b)_									
		cause (a), s	toting the	DUE TO, O	R AS A CONSEOU	ENCE OF					1 3.6		
		underlying co	ouse lost.	((c)									
	NO	Short Sheet	SIGNIFICANT	CONDITIONS C	ONTRIBUTING TO	stru	NOT RELATED TO THE	TERMINA	On the	MIS	en in part i	up.	,
1	CERTIFICATION	190. DATE OF OP	ERATION	196 COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED		200 AUTOPSY?		, WERE FIND		
1	E		1.6						YES NO		s 🔲	NO [
7	8	210. ACCIDENT WAS	_	1110110		AY YEAR	21c. HOW INJURY OC	CURRED	(ENTER NATURE OF INJU	RY IN ITEM 18 P	ART I OR PART 2}		
1	3	OR CONTRIBUTING		1111	.M.	19							
9	MEDICAL	21d INJURY OCC	URRED		OF INJURY REET, FACTORY, OFFICE, I	FARM ETC.)	21f LOCATION STREET		CITY OR TO	WN	COUNTY	51	ATE
	>	AT WORK AT	T WHILE	, , , , , ,	The state of the s		12 6	, ,	0	7			
		220.1 certify tha	t (1) (this hosp	tol) ottended th	e deceased from _	0 /	- 1/2 190		, to	2 30		, that (I) (w	
		saw the dec obove, (1) (w			of er death.	, 01	nd that in (my) (our) opi	inion deal	th occurred on the d	ote and hour	r and from the	e couses stot	ted
		226 SIGNATURE	(1)	, V -	10.1	1.1	DEGREE ATTENDIN	1	MEDICAL STA		22c. DAT	E SIGNED	
			(0	m	new	MO	PHYSICIA	AN AD	RECTOR PHYSIC	IAN 🗌			
		22d. PHYSICIAN	S NAME (TYPE	OR PR 1-11			22e. ADDRESS 325	HOS	PITAL DRI	VE, SU	ITE 10		
		CENAP	S. DOR	KAN, M.J),	100	GLE		RNIE, MAR	YLAND	21061		
	22. 0	LIDIAL CREALATI	ONL DEMOVAL	201 DATE	22.	NIAME OF C	EMETERY OR CREATATE	Ony I	224 LOCATION				

DHMH - 16 50M 4/B2

BP.

McCully Funeral Home, 237 E. Patapsco Ave. Balto. (VRA 15, 4)

FOR

Aug. 2, 1982 Meadownidge Mem. Pank

Rd. Howard Co. Mary Land

	A There is a			
	Tr-188			ENGLY STATE
owe the me. s. s. s.	367	15,40,000		And but
things in the second		NAZION C	1,000 7.70 8	
	en lineada dija d Chiricada di			
in a grant	en lineada dija d Chiricada di			5/2.5/2
	en lineada dija d Chiricada di			
	en lineada dija d Chiricada di			
	en lineada dija d Chiricada di			

. 6.

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMONE, MARYLAND 21201	TO HOSPITAL OR ATTENDING PHYSICIAN. The You' requires that the death certificate be executed within 24 hours often death. Page 4 in retained by the hospital or otherwing physician.	TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and completely filled in by the funes should be detached for use as the boriol framit permit. Then please senses carbon papers, Poper. I and Z should be filled within 7 has with the State Dept. of Health and Mental Hygiene print to boriol, compition, or removal.
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., 8	TO HOSPITAL OR ATTENDING PHYSICIAN, The fow impaires that the death certifical retained by the hospital or attending physician.	TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physical should be detached for use as the buriol framit permit. Then phase semane surban paper with the State Dept. of Health and Mental Physical print to burial, committed, as remained.
	TO HOSPITAL O	10 FUNERAL DI should be defect with the State De

	1	FOR STATE	DEPART	STATE OF MARYLAND MENT OF HEALTH AND MENTAL HYG	GIENE 8 2 1	6863
24		REGISTRAR CEASED NAME E OR PRINT) FIRST MACH	Y C	FENTON	REG. NO.	DAY YEAR 126 HOUR
(M)	3. SE	FEMALE	4. RACE WHITE	5. DATE OF BIRTH MONTH DAY 18 18 18 9	6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS MONTHS DATS HOURS MIN.
1	1	COUNTRY) STATE OR FOREIGN COUNTRY)	76 CITIZEN OF WHAT COUNTRY	MARRIED WEVER MARRIED WIDOWED DIVORCED	ANNE ARU	
1 POC	H	ITY OR TOWN OF DEATH NNAPOLIS	957 HIGHPOIN	TVR.	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING L	IFE) 126 KIND OF BUSINESS OR INDUSTRY
the filled to	130. M#	TATE 13b COU	ROTHER INSTITUTION GIVE RESIDENCE BEFOR NTY 13c. CITY OR TOV ARUNDEL ANNAPOL	VN 136 INSIDE CITY LIMITS?	13e STREET ADDRESS 957 HIGHPOI	NT DR.
10/20		JAMES .	MIDDLE PRICE	JULIA	MIDDLE	BURKE
ts. Popel		VAS DECEASED EVER IN U.S. AF	RMED FORCES? 166 SOCIAL SECTIVE WAR OR DATES!		FENTON (SAI	ME AS 13)
ranking physic rankon popel is as remained matic event, th		PART I. DEATH WAS CAUSI	nly ane cause per line far (a), (b), a ED BY: TE CAUSE (a) HEACH DUE TO, OR AS ACONSEQU	T FAILU	RE	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH HOURS
by the after socie remains of commission cather traus		Canditians, if any, which gave rise to immediate cause (a), stating the underlying cause last	DUE TO, OR AS A CONSEOU	ENCE OF		long stand w
There phone in the phone	NON		conditions contributing to	DEATH BUT NOT RELATED TO THE TERM	INAL DISEASE OR CONDITION GIV	VEN IN PART Ita
that bernit pene print bows only	CERTIFICATION	190 DATE OF OPERATION		OPERATION WAS PERFORMED	IN CERTI	S, WERE FINDINGS USED FYING CAUSES OF DEATH? ES \(\text{NO} \)
certification and training the section of the secti	MEDICAL CE	210 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE	P.M.	AY YEAR 19 21t HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY IN ITEM 18	PART I OR PART 2)
She this on the but th and M arked or	MED	216 INJURY OCCURRED	21e PLACE OF INJURY (AT HOME STREET, FACTORY CHICE	FARM, ETC.) 211 LOCATION STREET	CITY OR TOWN	COUNTY STATE
CTOR A		22x I certify that (I) (this base saw the decement of the above, (I) way (discrete)	and the bud father death	and that in (my) (ur) apinion	death accurred an the date and had	19, that (I) (we) last our and fram the causes stated
RAL DIRE detoched sate Dept		27h SIGNAYON OLAU	Klun	ALTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	7/17/82
MPORTAN		220 PHYSICIAN'S NAME (TYPE OF	KRIMIN	220 ADDRESS 25 SH	4w St - A.	UNAPOLIS
3P		SURIAL, CREMATION, REMOVAL SPECIFY) BURIAL	JULY 20, 1982 PIN	NAME OF CEMETERY OF CREMATORY ELAWN NATIONAL CEM.	23d. LOCATION CITY OR TOWN GNG	Quellatte NY
H-16 50M 1/BI (VRA 15, 4)	19	INERAL DIRECTOR NAME SAPERI	aneo Seve	RITCHIE HWY. JULI	ERCO. AUS LATRAM IN TELES	S SIGNATURE

State of the Charles and the Company 16 You USA X HOUSE HARMERS 957 HIGHERT DC HOWENER HOUSENER HERE AMERICAN MARKETON AND AND STATE OF THE STATE Justice The Justice Books No TAMES FRUON (SAME AS LO) A DESCRIPTION AND THE PROPERTY OF THE PROPERTY

	0	2	
_	1	0	
π	/		

injury, or other troumotic event, th should be detached for use as the burial-transit permit. Then please remove carbon dope with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal. IMPORTANT: If Item 21 is morked or Item 18 shows, any TO FUNERAL DIRECTOR:

	STATE OF MARYLAN
FOR	DEPARTMENT OF HEALTH AND ME
STATE REGISTRAR	CERTIFICATE OF DEA

Money & King F/H 171 W Maple Ave, Vienna, Va.

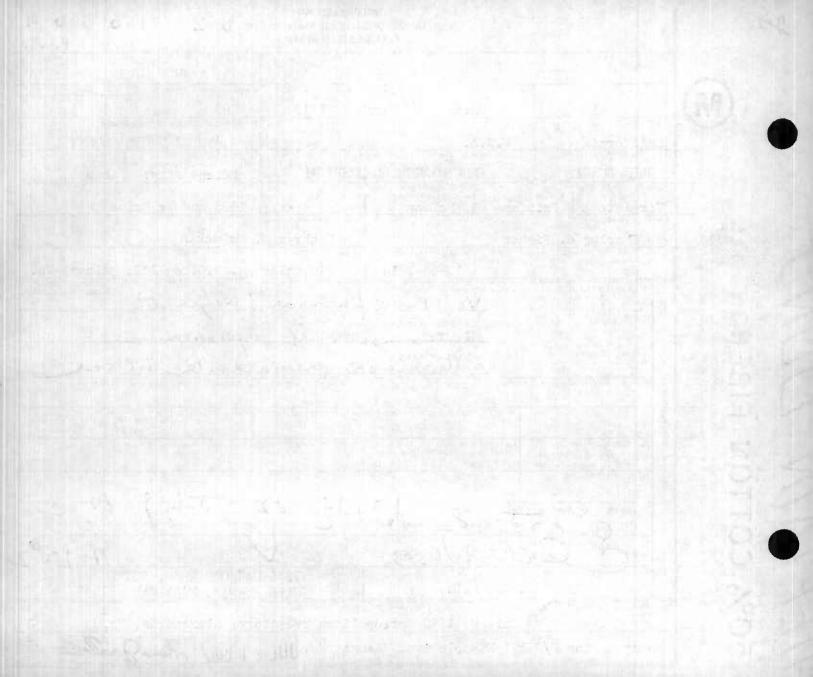
STATE OF MARYLAND	40		
DEPARTMENT OF HEALTH AND MENTAL HYGIENE	8	la	
CERTIFICATE OF DEATH		REG NO	

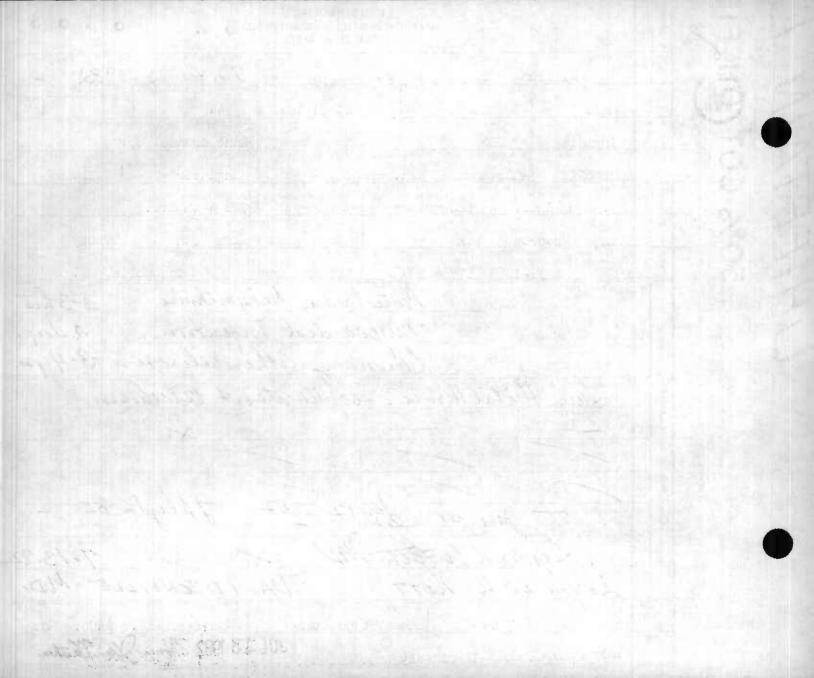
1 - STATE REGISTRAR		DEPART		ICATE OF DEATH	REG. N	10.		E.D.T.
1. DECEASED NAME FIRST		MIDDLE	LA	AST	20 DATE OF DEATH	MONTH DAY	YEAR	26 HOUR
ELIX	ON		FIS	SHER	J	JLY 9, 19	982	2:51A N
3. SEX	4 RACE		5 DATE O		6 AGE (IN YEARS LAST BI	RTHDAY) IF UP	NDER I YEAR	IF UNDER 24 HRS.
Male	W	hite	March	h 7, 1913	69	YRS	HS DAYS	HOURS MIN.
To BIRTHPLACE (STATE OF FOREIGN		WHAT COUNTRY?	8		9 BALTIMORE CITY		DEATH	
California	U.S.	٨	WIDOWE	NEVER MARRIED	ANNIE	ARLINDEL (COLINTE	v
10 CITY OR TOWN OF DEATH	11. NAME OF	HOSPITAL, NURSIN	IG HOME O	R OTHER INSTITUTION	120 USUAL OCCUPAT	A LAND STANDARD	0.00212	I MI OF BUSINESS OR
GLEN BURNIE		NORTH ARU	NDEL I	HOSPITAL	Patent A	OF WORKING LIFE)	NDUSTRY Law	
USUAL RESIDENCE (IF NURSING HOM 130. STATE	OTHER INSTITUTION	130 CITY OR TOW		13d INSIDE CITY LIMITS?	13e. STREET ADDRESS		7 - 3	
	airfax	McLean		YES NO K	1505 Audn	ar Driv	e	
14. FATHER'S NAME				15. MOTHER'S MAIDEN NA			100	
Charles C. I	risher	LAST		Kathryn M	. McGuckin		LAS	Ť
(YES, NO OR UNKNOWN) (IF YES	ARMED FORCES?	166 SOCIAL SECU	RITY NO.	17 INFORMANT	ADDR	ESS	No.	
No	ONE WAR ON DATES!	413-60-3	410	Tim Calla	han, P.O.Bo	x 722, 1	McLea	n, Va.
couse (a), stoting the underlying couse lost. PART 2 OTHER SIGNIFICAN	(c) NT CONDITIONS <u>C</u>		DEATH BUT I	NOT RELATED TO THE TERM		155	N S	100
190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING	196 CONE	DITION FOR WHICH	OPERATION	N WAS PERFORMED	20a AUTOPSY?	20b. IF YES, WE IN CERTIFYING YES	ERE FINDING CAUSES	OF DEATH?
21a. ACCIDENT WAS UNDERLYING	110110	OF INJURY M. MONTH DA	V VEAD	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJL	IRY IN ITEM 18 PART I	OR PART 2)	
OR CONTRIBUTING CAUSE OF	DEATH	.M. MONTH DE	19					
CIF EITHER NOTIFY MEDICAL EXAM	21e PLACE	OF INJURY		211 LOCATION	Torrette	onies -	dumits.	1.00
WHILE NOT WHILE	(AT HOME ST	TREET FACTORY OFFICE, F.	ARM ETC	STREET	CHT SH 10		COUNTY	SLAW
228.1 certify that (1) this ha	noted detended	he deathcoard from	Har	15 00 8	- Jul	5 1 10	82	m.Charles
saw the receased older obover (IT we I did did			Paron	that in (m) (our) opinion	death occurred on the d	ofe and hour one	d from the	couses stated
77h SIGNATORE	Tales	Wu.	5	ATTENDING PHYSICIAN	MEDICAL STA	FF CIAN []	7 DATE	9-P
224 PHISICIANS NAME IT				27e. ADDRESS 7845	OAKWOOD ROA	ID. SHITT	E 204	1
	S J. WU,			GLEN	PURNIE, MAI		21061	
73a. BURIAL, CREMATION, REMOV				METERY OR CREMATORY	23d. LOCATION CITY OR TOWN	co	UNTY	STATE
Cremation	July	a, Taok W	errope	olitan Cremat	ory, Alexai	idria, V	a.	

DHMH - 16 50M 1/B1 (VRA 15, 4)

BP.

TO HOSPITAL OR ATTENDING PHYSICIAN: The low





DEPARTMENT OF HEALTH AND MENTAL HYGIENE

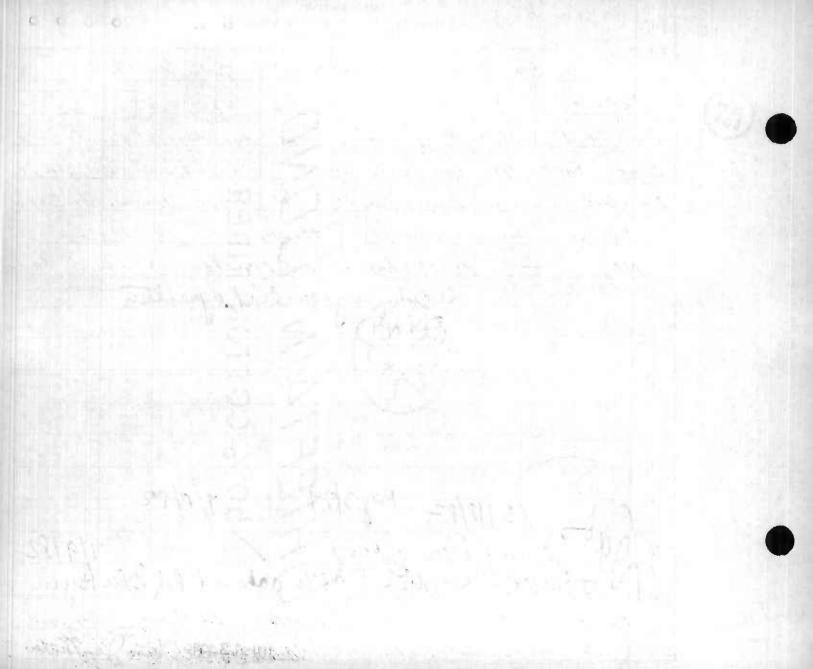
CERTIFICATE OF DEATH

REG. NO

FOR

REGISTRAR

- STATE



CERTIFICATE OF DEATH

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

FOR

- STATE

,		3	in a	orce.
				al next life
- constraint by many	X			nàm và coma
of the section of the section		and seas	SOUTH TOOK	DED SERVICE A
The soil seek sage of	3	the rest	Americali	and sulvis
	0000	enris.		100 C
A Company of	n 7535 Jin	enn than	dida tors	- 3
			ę (

MPORTANT: If Item 21 is marked at Item 18 shaws any injury, at other traumatic event, the medical axes

yor, page 3

STATE OF MARYLAND	
DEPARTMENT OF HEALTH AND MENTAL HYGIENE	1
CERTIFICATE OF DEATH	

	CEASED NAME FIRST				REG. NO.	
1111	E OR PRINT)	MIDDL	E	LAST	20 DATE OF DEATH MONTH	DAY YEAR 26 HOUR
	Martin	E.	G	etz, Sr.	Tuly	26. 1982 M
3. SE		4 RACE	5. DATE	OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER LYEAR IF UNDER 24 HRS
	Male	White	Jul		55 Y	MONTHS DATS HOURS MIN.
70.8	IRTHPLACE (STATE OF FOREIGN COUNTRY)	76 CITIZEN OF WHA	T COUNTRY? 8.	NEVER MARRIED	9 BALTIMORE CITY OR COU	INTY OF DEATH
	aryland	U.S.A			Baltimore	City MD
	ITY OR TOWN OF DEATH	11. NAME OF HOSE (IF NOT IN SUCH FAC	PITAL, NURSING HOME (OR OTHER INSTITUTION	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORK)	126 KIND OF BUSINESS OR
	altimore		morial Hosp	ital	Photo Engraver	r
13a	AL RESIDENCE (IF NURSING HOME O STATE 136 COU Cyland	NTY 13c	RESIDENCE BEFORE ADMISSION) CITY OR TOWN Saltimore	13d. INSIDE CITY LIMITS?	13e STREET ADDRESS 2201 Cloville	Avenue
	ATHER'S NAME			15. MOTHER'S MAIDEN NA	ME	TIV CITAC
	Richard	WIDDLE	Getz	FIRST	WIDDLE	LAST
16n \	WAS DECEASED EVER IN U.S. AI	J.	SOCIAL SECURITY NO.	Carrie	C. ADDRESS	Carlisle
	YES, NO OR UNKNOWN) (IF YES, GI	VE WAR OR DATES)	220-20-3625		tz, 2201 Clovil	lle Avenue
	PART I, DEATH WAS CAUSI HOZ G Conditions, if any, which gove rise to immediate	TE CAUSE (o)	A CONSEQUENCE OF	VE CARDIO DISEA	OVASCULAR ASE	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
IIFICATION	cause (a), stating the underlying cause lost.	(c)CONTR	A CONSEQUENCE OF		INCE	F YES, WERE FINDINGS USED ERTIFYING CAUSES OF DEATH?
CAL CERTIFICATION	cause (a), stating the underlying cause lost. PART 2 OTHER SIGNIFICANT	(c) CONDITIONS CONTROL 196 CONDITION 216 TIME OF IN. HOUR A.M.	RIBUTING TO DEATH BUT	n was performed	20a AUTOPSY? 20b. II	F YES, WERE FINDINGS USED ERTIFYING CAUSES OF DEATH? YES \ NO \
MEDICAL CERTIFICATION	cause (a), stating the underlying cause lost. PART 2 OTHER SIGNIFICANT 190 DATE OF OPERATION 210, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE	(c)	RIBUTING TO DEATH BUT N FOR WHICH OPERATION OURY MONTH DAY YEAR 19	n was performed	20a AUTOPSY2 20b. II YES	F YES, WERE FINDINGS USED ERTIFYING CAUSES OF DEATH? YES \ NO \
	Cause (a), stating the underlying cause lost. PART 2 OTHER SIGNIFICANT 19a DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE LIFETIME NOTIFY MEDICAL EXAMINE 21d. INJURY OCCURRED WHILE NOT WHILE	CONDITIONS CONTR 196 CONDITION 216 TIME OF IN. HOUR A.M. P.M. 21e PLACE OF IN. (AT HOME, STREET F.) (itol) ottended the de-	RIBUTING TO DEATH BUT FOR WHICH OPERATIO JURY MONTH DAY YEAR 19 JURY ACTORY OFFICE, FARM ETC.) Geosed from deoth.	21c. HOW INJURY OCCURS 211 LOCATION STREET	700 AUTOPSY? 20b. II IN CE YES NO CENTER NATURE OF INJURY IN ITEA CITY OR TOWN	F YES, WERE FINDINGS USED ERTIFYING CAUSES OF DEATH? YES NO NO NIB PART I OR PART 2)
	Cause (a), stating the underlying cause lost. PART 2 OTHER SIGNIFICANT 190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING ALL EXAMINE 21d. INJURY OCCURRED WHILE NOT WHILE ALL WORK 220.1 certify that (1) (this hasp saw the deceased alive or above. (1) (we) (gid.) (did in obove. (1) (we) (gid.) (did in did in obove. (1) (we) (gid.) (did in did in obove. (1) (we) (gid.) (did in did in obove. (1) (we) (gid.) (did in obove. (1) (we) (gid.) (did in obove.)	CONDITIONS CONTE	RIBUTING TO DEATH BUT FOR WHICH OPERATIO JURY MONTH DAY YEAR 19 JURY ACTORY OFFICE, FARM ETC.) Geosed from deoth.	211. HOW INJURY OCCURS 211. LOCATION STREET 20 7 7 19 ond that in (my) (aur) apinion of DEGREE	700 AUTOPSY? 20b. II IN CE YES NO CENTER NATURE OF INJURY IN ITEA CITY OR TOWN	F YES, WERE FINDINGS USED ERTIFYING CAUSES OF DEATH? YES NO COUNTY STATE COUNTY STATE 19, that (I) (we) lost I hour and from the causes stated

BP DHMH - 16 50M 1/81 (VRA 15, 4)

24 FUNERAL DIRECTOR

July 29,1982

Leonard J. Ruck, Inc.

Burial

Baltimore, Maryland

Crownsville Veterans | Crownsville, Mary | 250 DATE REC'D. BY REGISTRARY'S REGISTRARY'S SIGNARY SIGNAR

E E T SERVICE TO BE SERVED TO BE TO SERVED TO DATE OF THE PARTY OF THE PARTY

								E OF MARYLAND	a trees.			20.	4 (2)
CB		1-	FOR STATE REGISTRAR			DEPAI		EALTH AND MENTAL	HYGIENE 8	REG. NO.	1 6) 3	6 9
15			CEASED NAME	FIRST	9.	H.	Ci	AST	July	EATH MO	198		26 HOUR 10:10
)		3 SE	Male	17	4. RACE Wh	ite	5. DATE O	ober° 20, YEAR	6. AGE (IN YEAR		AY) IF	UNDER I YEAR	IF UNDER 24 HRS
ouce.	26		RTHPLACE (STATE OR FOR DUNTRY) Maryland	EIGN	76 CITIZEN OF	WHAT COUNTE	Y? 8 MARRIE	D NEVER MARRIED	9 BALTIMOR			F DEATH	
notified of	20		nnapolis	н	11. NAME OF		FET ADDRESS)	DROTHER INSTITUTION	12a USUAL OG	e Agu CCUPATION OR MOST OF W Engi	1	12b. KIND C INDUSTRY Cons	F BUSINESS O
must be	38	USU.	AL RESIDENCE (IF NURSIN	3h COUN	R OTHER INSTITUTION		ORE ADMISSION)	136 INSIDE CITY LIMIT	5? 13° 21 15 1 51	Bay	Driv	e	17
XOPPILLE	20		seph		WIDDLE	Goe'r't	z	Florence		WID <u>DI</u> E	R	icht	er
medicol	1		VAS DECEASED EVER IN (ES, NO OR UNKNOWN)		RMED FORCES? E WAR OR DATES)	166. SOCIAL SE 217-18		Tillie	Ringgold	ADDRESS		as	above
ir other traumatic event,			18. CAUSE OF DEATH PART I. DEATH WA Conditions, if any, gove rise to imm couse (a), stating underlying cause	which ediote	DUE TO, C	DR AS A CONSEC	OF NCE OF	D whole	CVP			32.444.1	MATE INTERVAL ONSET AND DEATH
ne priar to buri ws any injury, a	4	CERTIFICATION	PART 2. OTHER SIGNI					NOT RELATED TO THE	200 AUTOP	SY? 2	Ob. IF YES, V	VERE FINDI	
Mental Hygie or Item 18 shar	9	MEDICAL CERT	21a. ACCIDENT WAS UNDE OR CONTRIBUTING CA (IF EITHER, NOTIFY MEDICAL	USE OF DE.) P	.M. MONTH P.M.	DAY YEAR	21c. HOW INJURY OC				1 OR PART 2)	МО
morked or		MED	21d. INJURY OCCURRE WHILE AT WORK NOT WHI AT WOR	K 🗆	(AT HOME, S	OF INJURY TREET, FACTORY, OFFI	176	21f LOCATION STREET	7.	20	0	COUNTY	STATE
Dept of He If Item 21 is			22a. I certify that (I) (saw the deceased above, (I) (we) (di 22b. SIGNATURE	d alive on	6-12	-21		DESREE ATTENDIN PHYSICIA	IG _ MEDICAL _	STAFF		22c DATE	
with the State			226 PHYSICIAN'S NA	ME (TYPE C	PRPRINT)	ear		22e. ADDRESS	Feb.	land	A		
≤		(urial, cremation, r specify) Burial	EMOVAL		/1982	R NAME OF C	EMETERY OR CREMATO	tery Bro	okly	n, A	A Ma	ryland
0M 1/76 (4))			INERAL DIRECTOR	.	ink G	ADDRESS	rnie	Md . 25a.	JUL 26 15	182 PAR 25	A SECULIA	रु आसार	NS R

AL STOR AVE Tuck to the state of A LONG THE PROPERTY OF A POST MIDDLE

STATE

DECEASED NAME

DHMH - 16 50M 1/81 (VRA 15. 4)

REGISTRAR

Armstrong Katherine Payne #9 West Jeffrey St. PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO T 214. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) COUNTY STATE _, and that in (my) (our) opinion death occurred on the date and hour and from the causes stated 22c. DATE SIGNED Cedar Hill Cemetery Buria] Baltimore Balto., Md. 21225 George J. Gonce F.H. 4001 Ritchie Hewy

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

REG. NO

26 HOUR

12b. KIND OF BUSINESS OR

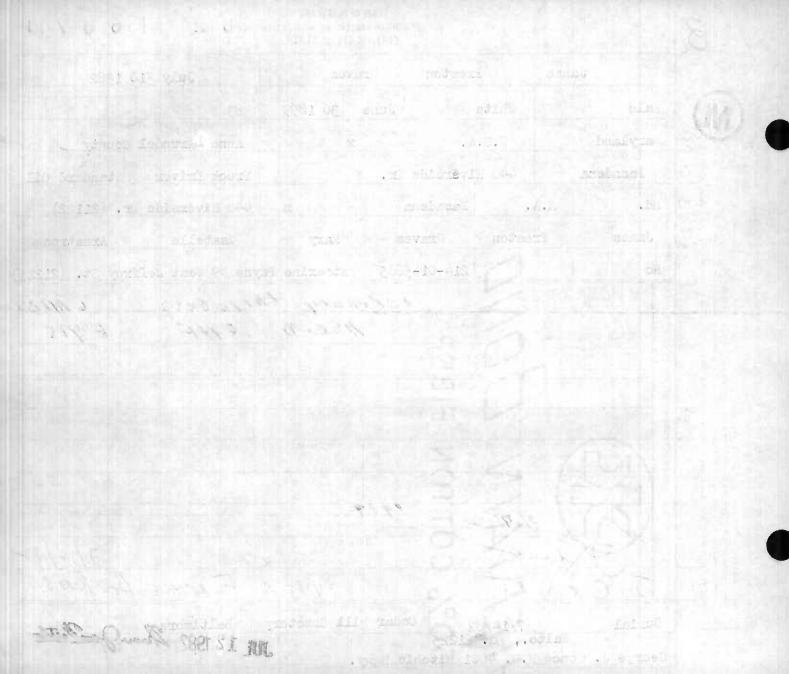
Standard Oil

(21122)

IF UNDER I YEAR

INDUSTRY

20 DATE OF DEATH MONTH



1	1	FOR STATE REGISTRAR			DEPAR		EALTH AND	MENTAL HYG DEATH	REG. NO.	1 6 8	E.D.T.
		CEASED NAME	FIRST		MIDDLE	L	AST		20. DATE OF DEATH MONT	H DAY YEAR	2b HOUR
ge 3 leoth	(TYP	OR PRINT)	LBERT		н.		GRAY,	JR.	JULY 9, 19	982	3:33P M
5	3 SE	X	4. R	ACE		5. DATE C			6. AGE (IN YEARS LAST BIRTHDAY		
(m		Male		Whit	te	July	10	1926	55	YRS. DAYS	HOURS MIN.
16		RTHPLACE (STATE OR FO	OREIGN 76 C	CITIZEN OF	WHAT COUNTRY	? 8	NEVE D	MARRIED -	9. BALTIMORE CITY OR CO		
203		aryland		U.S.	Α.	WIDOWE		NORCED	ANNE ARUNI	DEL COUNTY	Y MD.
14	1	TY OR TOWN OF DEA	TH 11.	NAME OF I	HOSPITAL, NURS THE FACILITY, GIVE STREET THARUND	ET ADDRESS)		NOITUTION	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WOR Clerk	KING LIFE) INDUSTRY	OF BUSINESS OR
彭	IJin :	AL RESIDENCE (IF N. STATE	Howard	ER INSTITUTION.	GIVE RESIDENCE BEFO 136 CITY OR TO Haleth	WN	13d INSIDE (CITY LIMITS?	13e STREET ADDRESS 190 Keeton H		
80	-	ATHER'S NAME	220110020		11020011	orpo		S MAIDEN NA		id. (LILL	()
150	-	Albert		н.	Gray			unknown	MIDDLE	LA	AST
9 /		VAS DECEASED EVER I	N U.S. ARMED (IF YES, GIVE WAI		166 SOCIAL SEC		17 INFORM		ADDRESS		
14	K	res			214-22-	6585	Josep.	h E. Ha.	rris 407 Rodge	ers Ave.	(21061)
ny injury, or other troumo	ATION	Conditions, if ony, gove rise to imm couse (o), stating underlying couse PART 2 OTHER SIGN 19a DATE OF OPERAT	ediote 1 the lost	DUE TO, OI	R AS A CONSEON	DEATH BUT			another art disease or condition	V	
1 Swows or	CERTIFICATION			TYB CONDI	TION FOR WHIC	H OPERATIO	V WAS PERFO	DRMED		IF YES, WERE FIND CERTIFYING CAUSE YES []	
Hem 18 s		210. ACCIDENT WAS UNDE OR CONTRIBUTING CA (IF EITHER NOTIFY MEDICA	AUSE OF DEATH	21b. TIME O HOUR A.	M. MONTH	DAY YEAR	21c HOW IN	NJURY OCCURI	RED (ENTER NATURE OF INJURY IN IT	EM 18 PART 1 OR PART 2)	
5	MEDICAL	21d INJURY OCCURRI		21e. PLACE	OF INJURY		211 LOCATE	ON			
1	X	WHILE NOT WHILE	E 🔲 3.	(AT HOME STR	EET FACTORY, OFFICE	FARM, ETC)	STREE		CITY OR TOWN	COUNTY	STATE
is morked		22a I certify that (I) (ottended the	e deceosed from	12/	00 /	. 19_ &		19 F	, that (I) (we) lost
n 21		sow the deceased	d olive on d) (did not) vie	w the body	ofter death.	, on	d that in (my	(our) opinion	death occurred on the date on	d hour and from the	e couses stated
NT. If Item	X	274 SIGNATURE	100	an) mi			-	MEDICAL STAFF DIRECTOR PHYSICIAN [171	SIGNED
RIA /		22d. PHYSICIAN'S NA			-		22e. ADDRES	7845	OAKWOOD ROAD,	#200	2
IMPORTANT: IF		IRA E. K	APLAN,	M.D.				GLEN	BURNIE, MARYI	AND 2106	L
>	23a. E	URIAL, CREMATION, R				NAME OF C	METERY OR	CREMATORY	23d. LOCATION CITY OR TOWN	CDONIT	STANK.
- 01		Burial		7/12/8		len Har	ven Mer	norial	Baltimore	490001	Md.
1/81	24 FL	NERAL DIRECTOR	Balto.	, Md.	21225			25a. DAT	E REC'D. BY REGISTRAR	GISTRAR'S SIGNA	
4)	Ce	orge J. Cor	CO F. H	4001	Ritchi	e Hower			1 13 1982	ours Clam	Social Contraction of the Contra

DANSELD . A Marci Oct 1982 Allowith the court of the court AND IN THE WAY COME TO SEE A STREET AS AN AUGUST AND ASSESSED AND ASSESSED ASSESSED. And an in the promote law of the law on the law of the

WILLIAM REESE & SONS MORTUARY, P.A.

3 1982 Cources

REGISTRAR

(VRA 15, 4)

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE 8
CERTIFICATE OF DEATH

controls and markouston since and amounted 7. YET (11) 117 I TO CATEGORIAN OF PARTIES CHERT PLANTE Jun 29, 1982 Astraction jamatice LA H VIET - RILLIVE CHARLES W KINZER MIR ANNAPOLIS MID. iona i che i calcular matterantica i i calculata materiale esti successi di calculata i

124/27/42 5:23 C. BORGE LEWIS KEEN 50 TA 18 81 11 - State 18 6 Programme and - HELDANG BANGTON TO SERVED MAN OF MINERAL PROPERTY. 7.10 And the state of t THEY SHOW IN Printed and the second TO DE COLLEGE OF THE PARTY OF THE PARTY. and which is the property of t ALL AND A STATE OF THE STATE OF A STATE OF THE PARTY OF THE PAR markets by the same of the property of the same of the BORNES OF THE PARTY OF THE PART Simulas of Expert of the formation - STATE

DHMH - 16 50M 1/81

(VRA 15, 4)

REGISTRAR

MALTIMORE CITY OR COUNTY OF DEATH 12b. KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Housewife 1154 West Central Ave. Groleau Unknown Davidsonville . Md. Priscilla J. Gray 3673 Patuxent River Rd. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL PUSE ASE OF CONDITION GIVEN IN PART 110 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO [216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART T OR PART 2) COUNTY CITY OF TOWN STATE and that in (my) (aut) opinion death occurred on the date and hour and from the causes stated 22c. DAJE SIGNED DIRECTOR PHYSICIAN 230 BURIAL, CREMATION, REMOVAL NAME OF CEMETERY OR CREMATORY 23d LOCATION 23b DATE Burral Davidsonville Md. STATE 7-21-82 Lakemont Memo. Park Beall Funeral Home, 1212 St. Annp. Md. est

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

2b. HOUR

IF UNDER I YEAR

20

IF UNDER 24 HRS

AND STATE OF THE S CESTATE STATE OF THE PROPERTY OF THE STATE O the training of the runs of th A CAMPA DESCRIPTION OF THE PARTY OF THE PART Annal Designer at the control of the A THE WAY TO STATE OF THE STATE more of the contract of the co 0.55 Lambour descript - external dime occurt Sell-SECTION OF THE PARTY OF THE SECTION OF THE SECTION

Mc Cully Funeral Home of Pasadena 21122

- STATE

TYPE OF PRINT!

REGISTRAR

DECEASED NAME

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE ? CERTIFICATE OF DEATH EDT REG NO 20 DATE OF DEATH MONTH 2b. HOUR Nelson JULY 5, 1982 GROVE 10:58A ... 6 AGE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR IF UNDER 24 HRS BALTIMORE CITY OR COUNTY OF DEATH ANNE ARUNDEL COUNTY INDUSTRY ectrician yas Packpine Drive ADDRESS Same as #13 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES [NO I 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM IB PART I OR PART 2) CITY OR TOWN COUNTY STATE Tond that in (my) (aur) opinion death accurred on the date and hour and from the causes stated 27s. DATE 325 HOSPITAL DRIVE, #208 GLEN BURNIE, MARYLAND 21061 23c. NAME OF CEMETERY OR CREMATORY July 8, 1982 Glen Haven Mem. Park Ylen Burnie Anne Arunde

BP. DHMH - 16 50M 1/81 (VRA 15, 4)

Burial

- property and arrived case out to a list cooling being the careful and the second s THE PERSON AND THE PERSON OF T THE THE PARTY OF T Light of the contract of the land of the l

Prostant glan concinent, metast unit all (.... to hard he reformed to we were to of all result .) uplments PRESTON ST.,

STATE OF MARYLAND

encland concentration to the senter was the state of construction. To the second still of how our tent to this home is all the with 30, rang star stayer see. I and to our munice, the start his e de la companya del companya de la companya del companya de la co

STATE OF MARYLAND	
DEPARTMENT OF HEALTH AND MENTAL HYGIENE	8
CERTIFICATE OF DEATH	

6 8 7 8

ı	REGISTRAR		CERTIF	ICATE OF DEATH	REG. N	0.		A 151
ħ	DECEASED NAME FIRST	MIDDLE	THE OWNER	LAST		MONTH DAY	YEAR	2b. HOUR
	DOROTH	¥ Ire	ne HAN	ISELL		JULY 18	8 1982	EDT 5P M
	3. SEX	4. RACE	5. DATE (6 AGE (IN YEARS LAST BIR		UNDER 1 YEAR	HOURS MIN.
L	Female	White	JűĨ	7 24°, 1916	65	TRS.		
ж.	Penna.	U.S.A.	WIDOW		9. BALTIMORE CITY OF ANNE ARUND			MD.
	GLEN BURNIE	NORTH ARU	AL, NURSING HOME (NDEL REPHOSPIT	OR OTHER INSTITUTION	120 USUAL OCCUPAT		126 KIND OF INDUSTRY Dept.	Stores
	USUAL RESIDENCE (IF NURSING HOME OF 136. STATE 136. COU Maryland A.	NTY 13c. CI	IDENCE BEFORE ADMISSION) TY OR TOWN Vern	13d. INSIDE CITY LIMITS? YES NOX	13e STREET ADDRESS 8367 Jac	cobs R	oad	
	4 FATHER'S NAME FIRST HOWARD	= Beam	esderfer	Susan	MIDDLE -		Engli	
	60 WAS DECEASED EVER IN U.S. A (YES, NO OR UNKNOWN) (IF YES, G	IVE WAR OR DATES	OCIAL SECURITY NO. 7-14-1249	John Hans	sell San		above	
	PART I. DEATH WAS CAUS Canditions, if any, which gave rise to immediate cause (a), stating the	DUE TO, OR AS A	CONSEQUENCE OF	Cerebs Geef den	wek al vose	nlez	APPROXIM BETWEEN O	WATE INTERVAL INSET AND DEATH
	PART 2. OTHER SIGNIFICANT 190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING		OR WHICH OPERATION	NOT RELATED TO THE TER		20b. IF YES, W	VERE FINDIN	IGS USED
	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DI (IF EITHER NOTHY MEDICAL EXAMINI 21d. INJURY OCCURRED WHITE AT WORK AT WORK 220.1 certify that (1) (this hasp sow the deceased alive a	ATH P.M. P.M. 21e. PLACE OF INJI (AT HOME, STREET, FACTORISE) oital) attended the deceder.	ONTH DAY YEAR 19 URY TORY, OFFICE, FARM, ETC.)	216 HOW INJURY OCCU	CITY OR TO)wn	COUNTY	STATE that (1) (we) last
	obave, (I) (we) (did) (did n 226. SIGNATURE		eath.	DEGREE ATTENDING PHYSICIAN	MEDICAL STA	FF CIAN []	22t. DATES	
	22d. PHYSICIAN'S NAME ITYPE		NOTE:	205 BALTIMO	ORE-ANNAPOLI:		11.	70
1	23a BURIAL, CREMATION, REMOVA		23c NAME OF C	EMLTER OR CREMATORY			OUNTY	STATE
1	Cremation	7/20/82	Westv	iew Cremato	rium Cator			
1	Parmond C	link Cl	en Burnie		ATE REC'D. BY REGISTRAR	255 REGISTRA	R'S SIGNAM	arthen
L	Raymond C. F	THE GT	en purnie	e, Mu.	T 7 1 100F C	1		

DHMH - 16 50M 4/B2

(VRA 15, 4)

FOR

	Market and without the committee of	
	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	u-edan i
ide balance and an amendo		
Agrat adopted the	the Severe expenses	A North American
	Teams of the same	
La divinia de dinas	Lit - Lit - Little Cobn (Innect)	
		8
		TA PIN

WILLTAM REESE & SONS

(VR A 15 (4)) 9/74

STATE OF MARYLAND

No.

No. 1035 1 te_ 12 12 07 Some grape Anomapales Conches the the ELTE BUREAU IL MANS AVERSETHING Willer of the state of the stat Kill and to the first the late of the formation of the the things of the first of the CHANGE OF LONGER BY AND THE PARTY OF THE PARTY.

70	1.	FOR STATE	DEPART	MENT OF HEALTH AND MENTAL HYC CERTIFICATE OF DEATH	GIENE 8 2	16881
e ~∓		REGISTRAR CEASED NAME FIRST OR PRINT)	Wioore	LAST	REG. NO	MONTH DAY YEAR 26 HOUR
puge deco	3. SE		A RACE	S. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRT	
_ i (M)	F	emale	WHITE	03-03-03	79	YRS, MONTHS DAYS HOURS MIN.
40 ME \$ 3	KI	RTHPLACE (STATE OR FOREIGN COUNTRY) 18367CHBSETTS	76 CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED UNDOWED DIVORCED		PRUNDEL MD.
Polythe Hill day	AI	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSING IF NOT IN SUCH SACILITY, GIVE STREET HANGE HRUNDER	ADDRESS) CHENEIZAL HOSPITAL	120. USUAL OCCUPATION OF SECRATARY	WORKING LIFE) INDUSTRY
AND 217	130.5	TATE 136 COUR	ROTHER INSTITUTION, GIVE RESIDENCE BEFORE NTY 131. CITY OR TOW ARWDEL ARNOLD	N 13d. INSIDE CITY LIMITS?	13e. STREET ADDRESS APT. 302, 6	03 OAKLAND HILLS CT.
MARYL and oth	14. F./	THER'S NAME FRANCIS	MIDDLE BOUGH	15. MOTHER'S MAIDEN NA	WIOOFE	RIORDAN
be treesure		VAS DECEASED EVER IN U.S. AR (ES. NO OR UNKNOWN) I IF YES, GIV	RMED FORCES? 166 SOCIAL SECU VE WAR OR DATES) 018-30-0	10 1/	HATCH (3	RAME AS 13)
tDS, 201 W. PRESTON ST., BAI equires that the death certificate is signed by the attending physic hen please remove cortain paper to burial, cremation, or removal to burial, cremation, or removal	NO	Conditions, if ony, which gove rise to immediate couse (o), stating the underlying couse lost.	nly one couse per line for (0), (b), one DBY: TE CAUSE (0) DUE TO, OR AS A CONSEQUE (b) DUE TO, OR AS A CONSEQUE (c) CONDITIONS CONTRIBUTING TO E	ince Of Juli myore	yther, relial infered	BETWEEN ONSET AND DEATH Week,
A RECONTE	CERTIFICATION	19a DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATION WAS PERFORMED	200 AUTOPSY?	206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO
N OF VITA SICIAN: Th ing physicio certificote uriol-tronsit fentol Hygie fem 18 sho		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE.	HOUR A.M. MONTH DA	YEAR 21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJUR	Y IN ITEM 18 PART I OR PART 2)
IVISIO	MEDICAL	216 INJURY OCCURRED WHILE NOT WHILE AT WORK	(AT HOME, STREET, FACTORY, OFFICE, F	ARM, ETC.) 211 LOCATION STREET	CITY OR TOV	VN COUNTY STATE
ATTENDIN Spirol or SCTOR: Af for use o d for use o t. of Health		sow the deceased alive on	ot) View the body ofter death.	, 19 ond that in (my) (and opinion	, to	te and hour and from the causes stated
OR her		226. SIGNATURE	Blue	DEGREE ATTENDING PHYSICIAN	MEDICAL STAF	
TO HOSPITAL (retained by the TO FUNERAL Is should be deto with the State Improgramm.)		22d. PHYSICIAN'S NAME (TYPE OF		8 EVEN 61	EEN ROM	SEVERINA CARN MO
BP		BURIAL, CREMATION, REMOVAL BURIAL	T 31 1000 P-	NAME OF CEMETERY OF CREMATORY	23d. LOCATION SITY OR TOW	STATE AND DELLES AND
DHMH-16 30M 2/80 (VRA 15, 4)	-2	INERAL DIRECTOR BARRE	SO COURT		1 1982 1 1982	REGISTRAL MANAGEMENT

Les Color House House THE STATE OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY. No the state of th Die Jan Jan 1982 (trans the property of the state of the You is the more a second day not

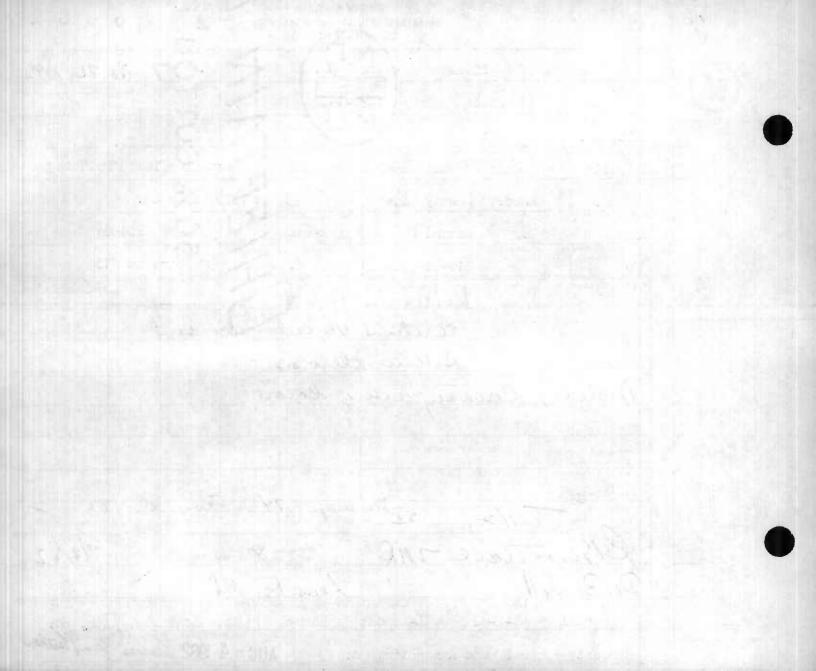
Hardesty Funeral Home Annapolis, Md.

Cources

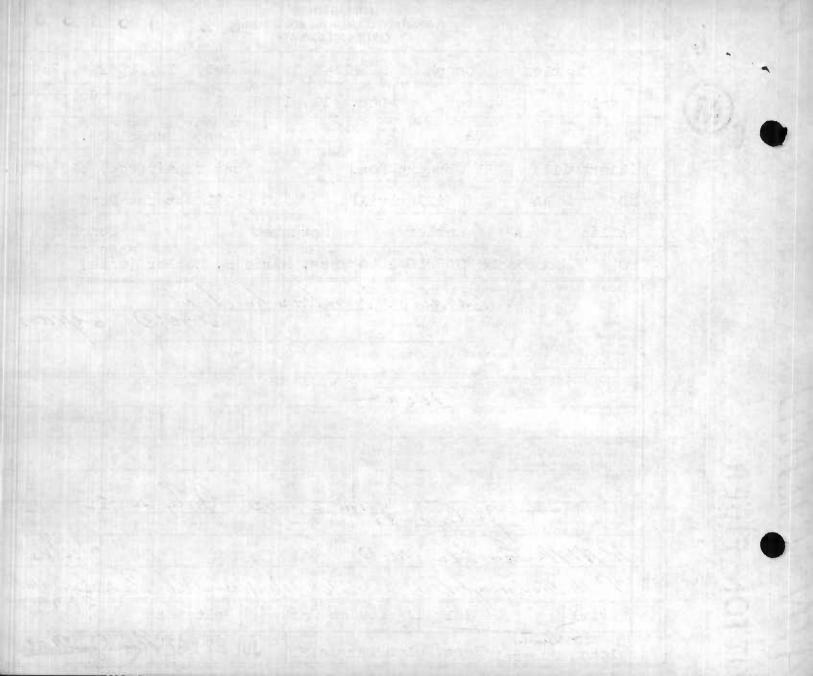
- STATE

(VRA 15, 4)

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE



STATE OF MARYLAND



1/	1	FOR	DEPARTM	ENT OF HEALTH AND MENT	AL HYGIENE	1 6 9 9 1
Sur. Sur.		STATE REGISTRAR		XAMINER'S CERTIFICA	0 4	10007
	1. DE	CEASED NAME FIRST PRINT)	E K	Heiniz	20. DATE KNOWN	MONTH DAY YEAR 26. HOUR
ARY, P. R. V. VOUR FILE IN V2 HOUSTON STREE	3 SEX			AGE (IN YEARS IF UNDER 1 YR. IF UNDE	UNDER 24 HRS. 2c. DATE PRONOUNCED DEAD	MONTH DAY YEAR 26. HOUR 7 23 182 PM
A PRESENTA	70. BI	RTHPLACE (STATE OR REIGN COUNTRY)	75. CITIZEN OF WHAT COUNT	MARRIED NEVER	MARRIED 9. BALTIMORE CITY	PRUUDEL MD.
DELAY IS P 1 TO THE FI 1 TO THE FILED 2 S S SOI W	10. 61	NNAPOLIS	11. NAME OF HOSPITAL, NURS (IF NOT IN SUCH FACILITY, GIVE STR ANNE AR	SING HOME, OR OTHER INSTITUTION SET ADDRESS) UDFL General	12a USUAL OCCUPATION (T FOR MOST OF WORKING LIFE) HOUSEW	YPE OF WORK 12b. KIND OF BUSINESS OR INDUSTRY
TSOLED STANK	13a, S	L RESIDENCE (IF IN NURSING HOME COUNTY)		OR TOWN 13d INSIDE CITY LI	MITS? 13. STREET ADDRESS TO	NRO.
EATH.	18	THER'S NAME FIRST DWARD	MIDDLE KETTN	IS. MOTHER'S	ARAH	BUTLER
BALTIMORE, B. GIVE PAGES WITH FORM P. I. PAGES I ANI DIVISION OF	16a V	NO -	war or dates) 220	80 9683 PIEHA	RD C. HEILTZ	E #13,
W. PRESTON ST., W. PRESTON ST., WITHIN 24 HOUR PENCIL IN IERA 18IRANSIT PERMIT. ENTAL HYGIENE, D OR REMOVAL		PART I DEATH WAS CAUSEI	DUE TO, OR AS A CONS	SOLUTION CE OF	228	DIPPET SHARE BYTERY ALL STYLET CHEET AND BEASE SHARE AND BEASE
COR BE E. NOIN S A S A S E.	NOI		CONTRIBUTING TO DEATH BUT NOT RELATE	O TO THE TERMINAL DISEASE OR CONDITION GIVI	EN IN PART 1 (c).	
A P. HE BERNE	CERTIFICATION	19a DATE OF OPERATION		HICH OPERATION WAS PERFORMED)?	20 AUTOPSY? YES NO
ON OF ON OF THE WASTMEND FACULD FACUL	MEDICAL CER	210. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING CAUSE OF		DAY YEAR	CURRED (ENTER NATURE OF INJURY IN ITEM	18 PART 1 OR PART 2)
DIVISION THIS CERTIFIC WARDED TO PAGE 3 SHOU STATE DEPART	MED	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY STREET, FACTORY, FARM, ETC	(ATHOME, 211. LOCATION STREET	CITY OR TOWN	COUNTY STATE
KAMINER: ERTIFICATE D BE FORM IRECTOR: MITH THE S:			ge al the remoins described above for couses Accident	e, held on Autopsy , Ins , Suicide , Homicide TITLE (SPEC	Undetermined manner	ond in my apinion], DATE SIGNED 7-24.8 2
TO MEDICAL ES RECUTE THE C PAGE 4 SHOUL TO FUNERAL D BATTER DETH. V	تد	EXAMINER'S NAME (TYPE OR PRINT)	LNHAR V7	ADDRESS (Empoli,	her
BP	13	JRIAL, CREMATION, REMOVAL 2 BECIPY DURE AL DIRECTOR	7/26/82 F	LUNCOLN		OD P.G. HD.
DHMH - 17 (VR A15 ME (5)) 15M 2/80	TA	Thor FUNEER	L CHAPEL	ANNAPOLIS MO	JUL 27 1982	nces Jan Planthen

THE STATE OF STREET PROPERTY STATES OF STREET aterial de la companya del companya della companya The state of the s

MPORTALLE II Inem 21 is marked or Item 18 shows any injury, or other traumatic event, the medical examiner must be result

STATE OF MARYLAND

8 6

1	FOR STATE REGISTRAR				EALTH AND MENTAL HYGI	IENE 8 2	10.	5 8	8 5
	CEASED NAME FIRST	Wil	DDLE	ι	AST	20. DATE OF DEATH	MONTH DAY	Y YEAR	2b HOUR
1	NORMI	+N 7		HER	2060		7-6	- 82	AA
3 SE	Х	4. RACE	5	DATE	OF BIRTH	6. AGE (IN YEARS LAST BE	RTHDAY) IF	UNDER 1 YEAR	IF UNDER 24 HRS
M	PALE	BLACI	<	MONTH 12	- 6- 17	6	4 yns MO	WIHS DAYS	HOURS MIN.
Pa. B	IRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF W	HAT COUNTRY? 8	/-		9. BALTIMORE CITY C	OR COUNTY O	F DEATH	
5 M	TARYLAND	U.S.A		MARRIE!	DIVORCED	ANNE ARUN	IDEL GO	UNTY	
10. C	ITY OR TOWN OF DEATH	11. NAME OF HO	SPITAL, NURSING	HOME C	OR OTHER INSTITUTION	120 USUAL OCCUPAT		12b. KIND OF	BUSINESS OR
5	ANNAPOLIS	ANNE A	RUNDEL GE	NERA	L HOSPITAL	(TYPE OF WORK FOR MOST O	OF WORKING LIFE)	INDUSTRY	
5 130	AL RESIDENCE (IF NURSING HOME STATE 136 CC MARYLAND	OR OTHER INSTITUTION, G. UNTY	VE RESIDENCE BEFORE ADI 31. CITY OR TOWN ARNOLD	MISSION)	13d INSIDE CITY LIMITS? YES NO NO	13e. STREET ADDRESS	cleyvil	le Rd	
14 F	ATHER'S NAME				15 MOTHER'S MAIDEN NAM	AE .			
7	DENNIS	WIDDLE	HERO	(L)	LERA	WIDDLE		LAST	ANSBURY
16a \	WAS DECEASED EVER IN U.S.		SOCIAL SECURIT		17 INFORMANT	ADDR			
	YES NO OR UNKNOWN) (IF YES,	GIVE WAR OR DATES)	214-18-11	38	LAURA HEROLD	1347 Shirl	Ann evville	napolis	s, Md.
	18 CAUSE OF DEATH (Enter PART I DEATH WAS CAU	only one couse per lin	ne for (o), (b), and (c	1))	A	. 0		APPROXIM BETWEEN OF	ATE INTERVAL
		IATE CAUSE (a)	nence	3-	of dite	al clee			
9 16	5570	DUE TO, OR	AS A CONSEQUENC	E OF	0	Ne	1		
	Conditions, if ony, which	((b)	mes		mecle	er & H	habo	ais	
1 8	gove rise to immediate couse (a), stating the	DUE TO, OR	AS A CONSEQUENC	E OF					
	underlying couse last	(c)						315	
z	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OF CONDITION GIVEN								
CERTIFICATION	190 DATE OF OPERATION	19b. CONDITI	ON FOR WHICH OPERATION WAS PERFORMED			20a AUTOPSY?	WERE FINDINGS USED		
E						YES NO YES NO NO			NO [
Ü	210. ACCIDENT WAS UNDERLYING	21b. TIME OF	NJURY MONTH DAY	VEAD	21c HOW INJURY OCCURRE	JRRED (ENTER NATURE OF INJURY IN ITEM 18 PART I OR P			
SAL	OR CONTRIBUTING CAUSE OF	26.0111	MONITI DAT	19					
MEDICAL	21d INJURY OCCURRED	21e. PLACE OF	INJURY , FACTORY, OFFICE, FARM	ETC.)	21f LOCATION	CITY OR TO	OWN	COUNTY	STATE
1	AT WORK NOT WHILE			1	77. 1.35	./,		0	
	22a I certify that (1) (this ha	pital) attended the	deceosed from	12	19.47	_, to	. 19	de , 11	not (I) (we) lost
1	saw the deceased alive above thinks I did (did		ter deceth	on.	d that in (my) (our) opinion de	eoth occurred on the d	ote and hour o	nd from the co	ouses stated
1	27h SIGNATURE	1	~ 0	[DEGREE		0 0 0	710 DATES	IGNED
1	X 5.1	1	V.CL	(ATTENDING PHYSICIAN	MEDICAL STA	FF CIAN (1)	Lat	7682
6	THE PHYSICIANS MAME THE	OR FRIEND			22e ADDRESS		(1	1
23a. F	BURIAL, CREMATION, REMOV	AL 23b. DATE	I 23r NAA	AF OF C	EMETERY OR CREMATORY	23d LOCATION		- 1	
	BURTAL	7-10-19				CITY OR TOWN		OUNTY	STATE
	UNERAL DIRECTOR	Anr	anobie 1	//	vary Church Ce	REC'D. BY REGISTRAR		R'S SIGNATA	yl and
	WILLIAM REESE	& SONS MOR	TUARY, P.	A.	Ť1	11 9 1982	Thene	Qui'	last for

DHMH - 16 50M 1/81 (VRA 15, 4)

BP.

Normal De ** A STATE OF THE PARTY OF STATE The second secon

aroland market x mercen x make books but the , odin S. Back Grace Dura J. M. allesland, bu. 21.01 The fact of the transfer of the transfer of remution 1 and 1962 truth and servis at the ster mester to

rapid function bone, F.A., noetdeen, Co. 21001-33993 H. I o 1682 Mills

38	1.	FOR STATE REGISTRAR	DEPAR	STATE OF MARYLAND TMENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	GIENE 8 2	688/
ty v eee		CEASED NAME FIRST OR PRINT) FDWA	RD A.	HORMESS S. DATE OF BIRTH	2a. DATE OF DEATH MONTH 7 6. AGE (IN YEARS LAST BIRTHDAY)	OAY YEAR 20. HOUR 5/M
(INA)	J. 5E.	MALE	WHITE	MAY 18 1916	66 YRS.	MONTHS DAYS HOURS MIN.
125		RTHPLACE (STATE OR FOREIGN DUNTRY) MARYLAND	76 CITIZEN OF WHAT COUNTRY	MARRIED NEVER MARRIED WIDOWED DIVORCED	ANNE ARUND	
by the fu		LOTHIAN	LOT 89 LYONS	PREEK TRAILER PARK	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING INTERIOR DECORAT	LIFE) 126. KIND OF BUSINESS OR INDUSTRY OR MARINE CONSULTANT
AND 212	13a S	MARYLAND ANNE	ROTHER INSTITUTION, GIVE RESIDENCE BEFO NTY 130 CITY OR TO ARUNDEL LOTH 11	YES NO X		REEK TRANGE PARK
ompletely ond 2 s)	EDWARD .	MIDDLE HORNE		WIDDLE	GAIL
BALTIMORE, MARYLAND cate be executed within 24 opers. Pages I and 2 should avail. It the medical examinermis		VAS DECEASED EVER IN U.S. AR (ES, NO OR UNKNOWN) YES (IF YES, GIV)	E WAR OR DATES)	11/ 1	HORMESS CAME	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
RDS, 201 W. PRESTON ST., equires that the death certifin signed by the attending pt. Then please remove carbone to burial, cremotion, or remoinjury, or other traumatic ever	NOI	Conditions, if ony, which gove rise to immediate couse 101, stating the underlying couse lost.	DUE TO, OR AS A CONSEO (b) DUE TO, OR AS A CONSEO (c)	NOMA OF COLO	EAD METASTI	
TAL RECO	CERTIFICATION	19a DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING		H OPERATION WAS PERFORMED	IN CERT	ES, WERE FINDINGS USED IFYING CAUSES OF DEATH? YES NO NO
DIVISION OF VITAL RECORDS, 201 W. ING PHYSICIAN: The law requires that to ratending physician. Wher this certificate has been signed by to so the burnal-transit permit. Then please rith and Mental Hygiene prior to burnal, creatived or them 18 shows any injury, or other orked or them 18 shows any injury, or other states.	MEDICAL C	OR CONTRIBUTING CAUSE OF DE- (IF EITHER, NOTIFY MEDICAL EXAMINER) 21d INJURY OCCURRED WHILE NOT WHILE AT WORK AT WORK	HOUR A.M. MONTH	DAY YEAR 19 21f LOCATION	CITY OR TOWN	COUNTY STATE
OR ATTENDI hospital or JIRECTOR: A thed for use Jept. of Heal Item 21 is m	V		of view the body ofter death,	2 - 23, 19 87 82, and that in (my) (our) opinion DEGREE ATTENDING	, to 7-11 I death occurred on the date and hi	12c. DATE SIGNED
TO HOSPITAL Cetoined by the TO FUNERAL Bshould be detoo with the State DIMPORTANT: If		Darber Co 22d PHYSICIAN'S NAME (TYPE O BARBER	C. PALME	RJR. 801 MEG	DIRECTOR PHYSICIAN D	NAPOLIS MA
₽₽ <u>₽₩</u> \$ <u>\$</u>	(BURIAL, CREMATION, REMOVAL SPECIFY) BURIAL	JULY 15, 1982 (NAME OF CEMETERY OF CREMATORY MIRDENS OF FAITH	23d. LOCATION CITY OR TOWN	AND SAND
DHMH - 16 50M 7/77 (VR A 15 (4))	24 E	NERAL DIRECTOR NAME OBJECT DATE	VCO SEVI	PITCHIE HWY	1 5 1982	O SIGNATURE

ENTRY A. WILLIAMS LATER AND THE PARTY THE PROPERTY AND ADDRESS. Prince they thereby to wife the SHIRE THE PARTY OF THE PARTY OF

ŀ	FOR STATE REGISTRAR	DEPARTA	STATE OF MARYLAND LENT OF HEALTH AND MENTAL HYO CERTIFICATE OF DEATH	GIENES 2 REG. NO.	6888
MAN C	PECEASED NAME FIRST	Z WIDDLE	TACKSON	7/15/	982 210 PM
3 5	SEX M	4 RACE	S. DATE OF BIRTH	6. AGE [IN YEARS LAST BIRTHDAY] YRS.	IF UNDER : YEAR IF UNDER 24 HRS MONTHS DAYS HOURS MIN
un 72 ho	BIRTHPLACE (STATE OR FOREIGN COUNTRY) Maryland	76 CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED UDIVORCED DIVORCED	Anne Aru	ndel MD.
Poly the	TOWNSVI'LL	Crowns wille	G HOME OR OTHER INSTITUTION ODRESS) Hospital Center	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LI	126 KIND OF BUSINESS OR INDUSTRY
3		OTHER INSTITUTION, GIVE RESIDENCE BEFORE NTY 13c CITY OR TOW	ADMISSION) 13d. INSIDE CITY LIMITS? YES NO	13e STREET ADDRESS 858 W. Fra	nklin St.
320	Unknown	MIDDLE LAST	15 MOTHER'S MAIDEN NA FIRST LIN KNOW!	MIDDLE	LAS1
2 lea	WAS DECEASED EVER IN U.S. AR. (YES, NO OR UNKNOWN) I IF YES, GIVE	MED FORCES? 166 SOCIAL SECU WAR OR DATES) 219-01	8739 NO ONE	None	
Tygiene prior to buriol, cremonion, or 8 shows any injury, or other troumotic	Conditions, if ony, which gave rise to immediate cause (a), stating the underlying couse last PART 2 OTHER SIGNIFICANT COURT OF THE COURT OF T	196 CONDITION FOR WHICH	OSCLEROTIC NCE OF EATH BUT NOT RELATED TO THE TERM DPERATION WAS PERFORMED	20a AUTOPSY? 20b IF YE	S, WERE FINDINGS USED FYING CAUSES OF DEATH?
. 0	OR CONTRIBUTING TO CAUSE OF DEA		21¢ HOW INJURY OCCUR	YES NOW YI	PART 1 OR PART 2)
MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FA	21f LOCATION	CITY OR TOWN	COUNTY STATE
YED YED	sow the deceased alive on	tal) attended the deceased from	ond that in (my) (our) opinion	death occurred on the date and Vac	19, that (I) (we) lost or and from the causes stated
TANT: If Item	226. SIGNATURE	ORER	DEGREE ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	7/15/82
with the State	22d. PHYSICIAN'S NAME ITYPE O	brer M	D. 220 ADDRESS Crowns	ville hosp.	center
≥ 7 23€	BURIAL, CREMATION, REMOVAL (SPECIFY)	7-19-82 X	AME OF CEMETERY OR CREMATORY	23d LOCATION CITY OF TOWN Balling	COUNTY STATE
75 24	FUNERAL DIRECTOR NAME RES 1	Long Mores	P. A JL	EREC'D BY REGISTRAR 236, REGIST	Can Kither

Company of Company to the state of the state of the state of THE REPORT OF STREET AND THE AND ACTUAL STORY OF THE STATE O

ST.	A۱	E	OF	M/	ARYI	AND	
 _							

DEPARTMENT OF HEALTH AND MENTAL HYGIENE & CERTIFICATE OF DEATH

JUL 20 1982 Registrar

	1-	FOR STATE REGISTRAR			CERTIFICATE OF DEATH REG. NO.						
		CEASED NAME FIRST	MIDDL		1	AST	20. DATE OF DEATH	MONTH DA	AY YEAR	21 HOUR 30	
		Carr				inson		1-16	0-82	4ph	
	3. SE)	X	4 RACE	5.	DATEC	DE BIRTH	6. AGE (IN YEARS LAST BI		FUNDER I YEAR	IF UNDER 24 +	HRS.
		EMBIE	NEGRO		6	15 1915	67	YRS			
5		RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHA	4 A	MARRIE /IDOWE	D NEVER MARRIED DIVORCED	ANNE AR	WNDE	OF DEATH		MD.
3	AX	TY OR TOWN OF DEATH	ANNE AR	CILITY, GIVE STREET ADD	955) 20	Usal Hospital	28 USUAL OCCUPAT (TYPE OF WORK FOR MOST O		12b. KIND OF INDUSTRY	BUSINESS	OR
E	130. S MAF	AL RESIDENCE (IF NURSING HOME OF STATE 136 COUNTY A		NN APOLIS	AISSION}	13d INSIDE CITY LIMITS? YES NO NO	1106 Eastp	ort Te	rrace		
9 90	14 FA		MIDDLE	LAST	200	15. MOTHER'S MAIDEN NAM	WE	CAR	_ LASI		
4		HENRY		JOHNSON		NARY			PARKI	R	- 19
	160 V	VAS DECEASED EVER IN U.S. AR	MED FORCES? 166	SOCIAL SECURITY		17 INFORMANT	ADDR	iss Edger	water,	Md.	
	1/4	U	27	20-16-81	280	STELLA JOHN	VSON 134 01	d Solo	mons Is		
		18 CAUSE OF DEATH (Enter or PART I, DEATH WAS CAUSE	lly one couse per line	for (o), (b) and ic	1_1	1-1.	1 1-		APPROXIM BETWEEN O	MATE INTERVAL INSET AND DEA	kтн
	W.		TE CAUSE (a)	acute	my	occurdent unt	arctique				
		4100	DUE TO, OR AS	A CONSEQUENCE	EOF						
		Canditions, if any, which gave rise to immediate	(b)	ASC	1/1/						_
9		couse (a), stating the underlying cause last.	DUE TO, OR AS	A CONSEQUENCE	5 OF						
			(c)	TOU.	U						_
	N	PART 2 OTHER SIGNIFICANT (LONDITIONS CONTI	RIBUTING TO DEA	TH BUT	NOT RELATED TO THE TERM	IN AL DISEASE OR CON	DITION GIVE	N IN PART Ita		
1	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION	N FOR WHICH OP	ERATIO	N WAS PERFORMED	20a AUTOPSY?	20b. IF YES.	WERE FINDIN	GS USED	-
7	IFIC						YES T NOT		ING CAUSES		
3	ERI	210. ACCIDENT WAS UNDERLYING	216. TIME OF IN	JURY		21c. HOW INJURY OCCURR				140	_
1		OR CONTRIBUTING CAUSE OF DEA	SIR	MONTH DAY	YEAR						
	MEDICAL	(IF EITHER NOTIFY MEDICAL EXAMINER 214 IN JURY OCCURRED	21e PLACE OF II	NJURY	19	21f. LOCATION					_
	W	WHILE NOT WHILE AT WORK	(AT HOME STREET F	FACTORY, OFFICE, FARM	ETC)	STREET	CITY OR TO	WN	COUNTY	STATI	E
		22a 1 certify that (I) (this hospi	tal) attended the de	eceased fromQ	14/4	10 19 82	to July	15 1	9 52	hat (I) (we)	last
		sow the deceased alive on abave, (I) (we) (did) aid no	July 15	19 4	2-, ar	nd that in (my) (our) opinian o	death accurred an the d	ote and hour			
1		22b. SIGNATURE	- Wiew me body one	r deam.		DEGREE			22c. DATE S		_
		15/	Teron			ATTENDING PHYSICIAN	MEDICAL STA	FF CIAN []	heles	19 V.	2
		22d. PHYSICIAN'S NAME ITYPE C	R PRINT)			22e ADDRESS	1	1	1	100	
		B:	T. Fur	ow		177 West St	Honnes	10.11	121	901	
		URIAL, CREMATION, REMOVAL			AE OF C	EMETERY OR CREMATORY	23d. LOCATION		14 57 585 58	s report after a	117
	Bt	JRIAL	7-20-198	82 Mt.	Zio	n Church Ceme	Lothion		A Mon	STATE	-

Annapolis, Md. SONS MORTUARY, P.A.

DHMH - 16 50M 1/81 (VRA 15, 4)

24 FUNERAL DIRECTOR

BP.

All Manneton - Page 1950 e dalla - la AN JESAUSE SANA II. THE THE SAN THE SA THE REAL PROPERTY CARDINGS A WARRING CONTRACTOR The state of the s one can be a first that of the state of the The state of the s AND STATE OF STATE OF

	CEASED NAME FIRS		WIODLE	1 188	LAST	Sin	20. DATE KNO	511-		2b. HOUR
I SE	Glov X 4. RACE	5. DATE OF BIRTH	YEAR 6.	AGE (IN YEARS LAST BIRTHOAY)	Johns IF UNDER 1 YR. MONTHS DAYS	IF UNDER 2	DEATH MA	MONTH	17 19 8	2d HOU
MA	NEGRO NEGRO	5 5	48	34 YRS.		74	DEAD	7 ECITY OR COU	17 19 8	2 8:A
E FI	RYLAND	U.S.A			MARRIED NEV	VER MARRIE DIVORCE	D (LA)	e ARunde		У мг
	Annapolis	11. NAME OF HOSI (IF NOT IN SUCH FACE Anne Arunde	1 Gene	eral Ho		ION	12a. USUAL OCCUPAT FOR MOST OF WORKING	ION (TYPE OF WORI	or indus	BUSINESS
113a. S	AL RESIDENCE (IF IN NURSING HO STATE 13b CO RYLAND		13c. CITY O ANN AT		13d INSIDE CI YES 🗌	TY LIMITS?	13. STREET ADDRESS 1129 Presi	dent St	reet	
14. F	ATHER'S NAME FIRST HENRY	WIDOLE	JOH	isan	FI	R'S MAIDER	MIDOL	1	WATKINS	
	WAS DECEASED EVER IN U.S. (15 NO. OR UNKNOWN) (14 YES, NO	. ARMED FORCES? GIVE WAR OR DATES)	16b. SOCIA	AL SECURITY N			ISON 1129 P	residen	apolis, t St.	Md.
NO	Canditians, if any, we gave rise to immed cause (a) stating the unlying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS	hich liate (b) der- DUE TO, OR	as a conse	EQUENCE OF	. DISEASE OR CONDITION	I GIVEN IN PAR	Ť 1 (g),			
CERTIFICATION	19a DATE OF OPERATION	19b. CONDIT	ION FOR WI	HICH OPERAT	ON WAS PERFOR	MED?		1	20 AUTOPS	
MEDICAL CER	210 EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING CAUSE 21d. INJURY OCCURRED	OF DEATH 36 PM	MONTH D		jumped f	rom m	iddle of br	ridge		STATE
¥	WHILE NOT WHILE	wate	ORY, FARM, ETC.	1	Center S	pan o			A. Co.	Md.
		horge of the remains described and consessions.	Accident [Autopsy XX le , Hamic	Inspection	Undetermined manner	and in my	opinion	8/82

. 72 51 Jan 2 . 22 1 E 1 1 2 2 2 3 1 . - STATE

(VRA 15, 4)

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE &

with the attenues -borgeren revers minera. All and the second placement of the second remainful enotions of the second of the reservoir The second control of , L , L collision - Vocacion de conste. - San -Print Int | A server , and the Ells , or of former

morked or Item

MPORTANT: If them 21 is

STATE OF MARYLAND

FOR STATE REGISTRAR		DEPA	RTMENT OF HEALTH AND MENTA CERTIFICATE OF DEATH		8 9 2
1. DECEASED NAME	FIRST	MIDDLE	LAST	REG. NO.	AR 2b HOUR
(TYPE OR PRINT)	Doris	Edna	Kahn	JULY 1, 1932	12:27 ^A ;
3. SEX	4. RA	ACE	5. DATE OF BIRTH	6 AGE (IN YEARS LAST BIRTHDAY) IF UNDER I	
Female		White	June 15, 192		DAYS HOURS MIN.
OUNTRY)	E OR FOREIGN 7b. C	ITIZEN OF WHAT COUNT	RY? 8 MARRIED NEVER MARRIEL	9 BALTIMORE CITY OR COUNTY OF DEA	ГН
Maryland		U.S.A.	WIDOWED DIVORCED	A S TO THE A SOUTH PORT OF THE SECOND STREET	MI
GLEN BURNI	E II.	NAME OF HOSPITAL, NUP IF NOT IN SUCH FACILITY, GIVE ST NORTH ARUND F	RSING HOME OR OTHER INSTITUTIO REET ADDRESS) EL HOSPITAL	(TYPE OF WORK FOR MOST OF WORKING LIFE) INDU	ND OF BUSINESS OR
USUAL RESIDENCE (# 130. STATE Maryland 14 FATHER'S NAME	NURSING HOME OR OTHER 13b COUNTY A • A •	13c. CITY OR T	Burnie 13d. INSIDE CITY LIMI	ITS? 130 Inglewood Di	
John	Willi	am Kot		nce	Lewis
160 WAS DECEASED ET (YES NO OR UNKNOWN NO	- Ent in the original framework	FORCES? 166 SOCIAL SI AR DATES) 215/16		Daughter) ADDRESS Same borah M. Kahn 1	as #
Conditions, if gove rise to couse (o), so underlying co	H WAS CAUSED BY: IMMEDIATE CA ony, which immediate toting the puse lost	DUE TO, OR AS A CONSE	THE MOST CONTRACTOR	TERMINAL DISEASE OR CONSTITUTION ONEN IN PA	AT THE P
21a. ACCIDENT WAS	RATION	TONDITION FOR WH	ICH OPERATION WAS PERFORMED	20s AUTOPSY? 188 # YES, WERE # IN CERTIFYING CA	INDINGS USED USES OF DEATH? NO
OR CONTRIBUTING	CAUSE OF DEATH	P.M.	DAY YEAR	CCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PA	RT 2)

21d INJURY OCCURRED

NOT WHILE

21e PLACE OF INJURY (AT HOME, STREET FACTORY, OFFICE FARM, ETC.)

DEGREE

OTH OR TOWN

COUNTY STATE

220.1 certify that (1) (this haspital) attended the deceased from 226. SIGNATI

DIRECTOR | PHYSICIAN

THE DATE SIGNED

22e. ADDRESS ROAD

23c. NAME OF CEMETERY OR CREMATORY

ed that in (my) (our) opinion death occurred go the date and hour and from the causes stated

230. BURIAL, CREMATION, REMOVAL Entombment 24 FUNERAL DIRECTO

3 July

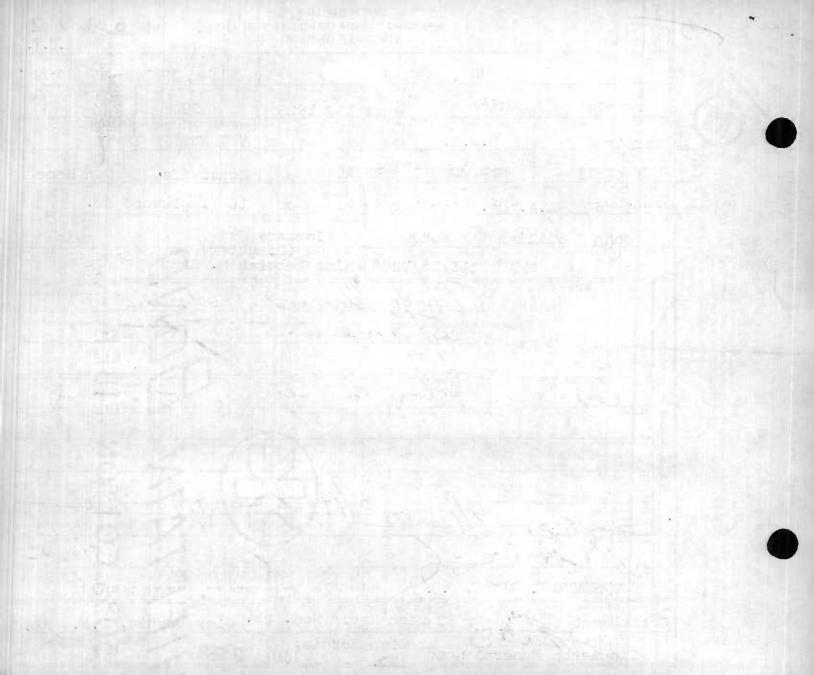
23b. DATE

Glen Haven Mem. Pk

City of Town
Glen Burnie,

Singleton Funeral Home Glen Burnie, DHMH - 16 50M 1/B1 (VRA 15, 4)

MD.



MAY SEX 5. DATE OF HINTHPLACE 11/1475 OK FOREIGH Th CITIZEN OF WHAT COUNTRY? CIDAMINI MARRIED NEVER MARRIED SPARROWS PT., MD U.S.A. WIDOWED DIVORCED NAME OF HOSPIFAL, NURSING HOME OR OTHER INSTITUTION SUAL RESIDENCE OF MURB COUNTY 13d INSIDE CITY LIMITS? 13e STREET ADDRESS ATHER'S NAME 15. MOTHER'S MAIDEN NAME MEDII 1455 HODBS WILLIAM LINDEMON MARGARET WAS DECEASED EVER IN U.S. ARMED FORCES? 16h SOCIAL SECURITY NO 17. INFORMANT (YES NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) 212-20-4 NO LAURENCE J. KALB CAUSE OF DEATH (Enter only one cause per line for (g) bi, and PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o OR AS A CONSEQUENCE C Conditions, if ony, which gove rise to immediate couse (o), stoting the underlying couse lost errosciero PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED CERTIFICATION 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20g AUTOPSY? NO 710. ACCIDENT WAS UNDERLYING 716. TIME OF INJURY 216. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) P.M 50 21d INJURY OCCURRED 21e PLACE OF INJURY 211 LOCATION CITY OR TOWN AT HOME STREET, FACTORY OFFICE FARM FTC 1 WHILE NOT WHILE 124.1 certify that (I) (this hospital) attended the deeposed from and that (my) (pur) opinion death occurred on the date and hour and from the causes stated view the Ebdy after d DEGREE + ATTENDING. FUNERAL PHYSICIAN DIRECTOR PHYSICIAN MPORTANT. 22d. PHYSICIAN'S NAME (TYPE OR BETAT) Q2e. ADDRESS old b 230. BURIAL, CREMATION, REMOVAL 23b. DATE 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (SPECIEVE CITY OR TOWN

7/12/1982

WALTER BROOKS BRADLEY, INC. DUNDALK, MD. 21222

SACRED HEART CEM.

FOR

REGISTRAR

BURIAL

24 FUNERAL DIRECTOR

DHMH - 16 50M 1/81 (VRA 15, 4)

DECEASED NAME

- STATE

THRE CHANGE, I

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO 2a. DATE OF DEATH MONTH 2h HOUR 6 AGE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR IF UNDER 24 HRS BALTIMORE CITY OR COUNTY OF DEATH 12s. LISUAL OCCUPATION get OF WORK FOR MOST OF WORKING LIFE INDUSTRY HOMEMAKER DIETRICH ADDRESS Same asl3e. APPROXIMATE INTERVAL 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES [NO F

BALTO.

250. DAJE REGID, BY RECOUNTRAR 250: REGISTRAR'S SIGNA

ponces

COUNTR

27L DATE SIGNED

STATE

MD.

1313 1 manufactured of the second

Md.

Inc.

FOR

(VRA 15, 4)

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

gentlement of the conflict with 12 months of The state of the contract of the state of th THE SHE WAS A

STATE OF MARYLAND

,: , udental 250 billion at mater . Similar strategy at a literature 1. The second section of the second s the state of the second state of the second which the first territory and the second second

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIFNE

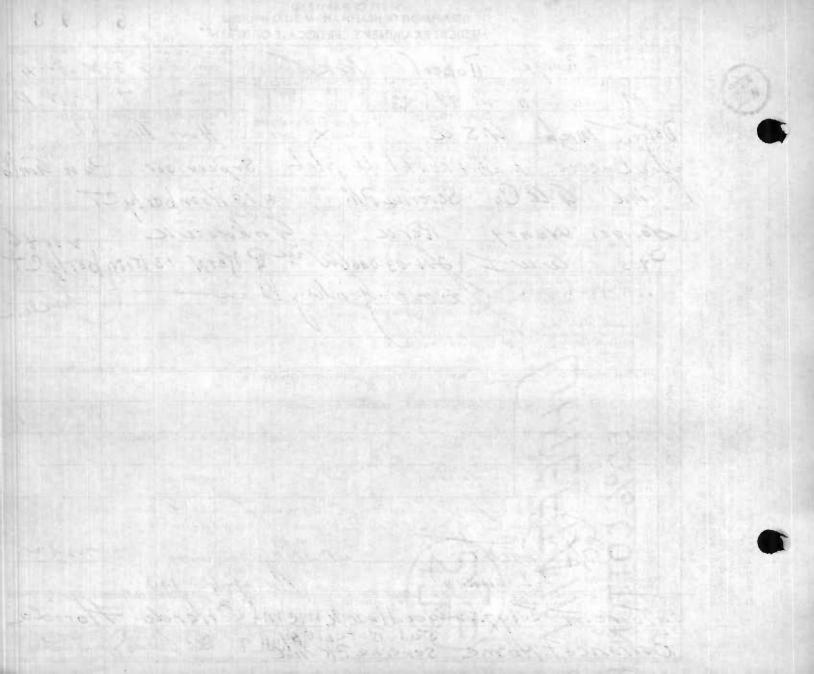
	1	- STATE REGISTRAR		CERTIFI	CATE OF DEATH	REG. N	0.		Salain.
		CEASED NAME 7857	WIDDLE	LA	12/	20. DATE OF DEATH	MONTH DAY	YEAR	2b HOUR
		Mand	e E	Ke	nnerly		7 12	83	0642
	3.58		RACE	5 DATE O		6 AGE (IN YEARS LAST BIR		DERIYEAR	
		Temale	White	MONTH	DAY YEAR	8	YRS	DAYS	HOURS MIN.
þø			CITIZEN OF WHAT COUNTRY	? 8		9 ALTIMORE CITY C		DEATH	AA CO.
Ĭ		COUNTRY) VA	il S A	WIDOWEL	DIVORCED DIVORCED	Aure Ac	2010	. (,
-	13.5	ITY OR TOWN OF DEATH	NAME OF HOSPITAL, NURSI	NG HOME OF		120 USUAL OCCUPATI	ON I	b. KIND C	OF BUSINESS OR
3	C	emapous le	(IF NOT IN SUCH ACILITY, GIVE STREE	e Gae	ence they	PUSEW!	F WORKING LIFE) [ME
6	ila.	AAC	PER INSTITUTION GIVE RESIDENCE BEFORE		13d INSIDE CITY LIMITS?	STREET ADARESS	Aro C	ere (20
	14. F/	ATHERSNAME	,		15 MOTHER'S MAIDEN NAM		. 1	0-0	
O		OSCAR	DOWAR	205	BLANCH	MIDDLE	VE	EZ	EY
13		WAS DECEASED EVER IN U.S. ARME YES, NO ORIGINAL ONLY) (IF YES, GIVE W.		URITY NO.	17 INFORMANT	ADDRE	SS	71	
		100		3193	MABKENL	reply	# 1.	3	
		II CAUSE OF DEATH (Enter only o	ine cause per ling for o), (b), a		/			APPROX BETWEEP	IMATE INTERVAL OBSET AND DEATH
		PART I DEATH WAS CAUSED 8		lac	avvest			/	nouv-
		4140	DUE TO, OR AS A CONSEQU	IENGE OF	, /	0 1			
		Canditions, if any, which		nic Ce	uges pue fac	leeve	1000	19	mos
		gave rise to immediate cause to stating the	DUE TO, OR AS ACONSEOU	IENCE OF	1 1 1				
		underlying course last		revy 1	reart disea	se			
	_	PART 2. OTHER SIGNIFICANT CON	DITIONS CONTRIBUTING TO	DEATH BUT N	NOT RELATED TO THE TERMI	NAL DISEASE OR CON	DITION GIVEN II	PART 16	a ·
	CERTIFICATION								
2	S	19E DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATION	WAS PERFORMED	20a AUTOPSY?	20b. IF YES, WE		
X,	E					YES NO	YES [ING CAUSES OF DEATH?	
0	8	21a. ACCIDENT WAS UNDERLYING	216 TIME OF INJURY HOUR A.M. MONTH D	AV VEAD	21¢ HOW INJURY OCCURR	ED (ENTER NATURE OF INJUR	RY IN ITEM 18 PART 1	OR PART ?)	
7	Z.	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER)	P.M.	19	T				
r	MEDICAL	ZIM. INJURY OCCURRED	21e. PLACE OF INJURY		211 LOCATION	CITY OR TO	MAIN I	OUNTY	STATE
	3	AT WORK OF ST WORK	(AT HOME STREET, FACTORY, OFFICE	EARM, ETC)	SINCE	1 0 1			STATE
		22x 1 certify that () (this hospital)	ottended the deceased from	ya	11 - 19 74	10 Mil	12 192	12	ethat (1) (we) last
		saw the decrased alive on above, (I) (we) (did) (did not) vi	out the hady after death	2 ranc	d that in (my) (aur) apinion d	leath occurred on the do	ate ond hour and	from the	causes stated
		THISIGNATURE / A	ew the body difer dediti.	D	EGREE			22c. DATE	SIGNED
		allul 1	my	h	ATTENDING PHYSICIAN P	MEDICAL STAF	F IAN [7/1	12/02
1		22d. PHYSICIAN'S NAME (TYPE OR PR	NT)		27e ADDRESS			11	
1		KICHARN	PEELER	MO	121 Cath	edeal St	Anna	alis	Im.
	23a 8	SURIAL, CREMATION, REMOVAL	TA DATE // TIE	NAME OF CE	METERY OR CHEMATERY	AN LOCATION	7/		17
	1	SueinL	7/14/82 7	APNI	4AM SHUDOH	PARIUH	AM R	ch	Va

DHMH - 16 50M 1/81 (VRA 15, 4)

Day of the same of Am releasing to the control of the party of the second of the

THOTOPES TOWERE SENTEH THE STATE OF MAY 27 1892 90 - 1 MISSOURY USA. Market P. M. MORES GENERALS LOWING CONTER F. H. A. - U. SERNE GOVER Lawrence of forces derived Theredown USE WOOT SENTENT WASHINGT DELL KELLERY FILE MERCHO MENTERS IN SECURIOR HOLD ESPERATE THE SECOND Source of the Control of the Control

	1	STATE OF MARYLAND
11/	11-	FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE 2 6 6 9 8
		REGISTRAR MEDICAL EXAMINER'S CERTIFICATE OF DEATH REG. NO.
		ECEASED NAME FIRST MIDDLE LAST 20. DATE KNOWN MONTH DAY YEAR 2b. HOU
#6 X F		George Robert - Kern DEATH MATED 7 2/1982 P
A STATE OF THE STA	3 SE	4 RACE S DATE OF BIRTH 6. AGE (IN YEARS) IF UNDER 1 YR. IF UNDER 24 HRS. 21. DATE MONTH DAY YEAR 21. HOU
A Z		M W II ILLY 98 R3 YRS. HOURS MIN. PRONOUNCED 7 V 1982 P
SAX ZISI	70 B	BIRTHPLACE (STATE OR DELTIMORE CITY OF COUNTY OF DEATH DESIGN COUNTY OF DEATH DESIGN COUNTY OF DEATH
See For William	10	ETTO 12 MINO IN CASA WINDOWED BY DRIVERED THE MERCH L.
THE FURD. W		ITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 128. USUAL OCCUPATION (179F OF WORK 126. KIND OF BUSINESS
	01	Ter Bursie North HRUNG! Hospital Seperviser. Pau Gent
DEL 3 TO 3 TO 50 BE		AL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)
21201 I. IF ANY DEL 2, AND 3 TC 3, RETAIN P 1, RECORDS	13a S	STATE HILL 136 COUNTY CO SCIENCE PA 13d. INSIDE CITY LIMITS? 13e. STREET ADDRESS LOT LA CT
	14. F	ATHER'S NAME 15. MOTHER'S MAIDEN NAME
F BY AT	1	FIRST MIDDLE LAST
0 0 0 0	160.	WAS DECEASED EVER IN U.S. ARMED FORCES? 166. SOCIAL SECURITY NO. 17. INFORMANT ADDRESS
A FIRE SOLVE	1 4	YES (IFYES, GIVE WAR OR DATES) 2/6-03-006 WE TO WELL 13 KIM KETLE C'T
BALTIA URS AFI 3. GIVE WITH F WITH F PAGE:		
		18. CAUSE OF DEATH (Enter only one cause per limit for (a), (b), and (c).) PART I DEATH WAS CAUSED BY:
PER PER SIER		U/U9 IMMEDIATE CAUSE (II) DUBITO OT AS A CONSEQUENCE OF
S = = ~ E = >		Canditions, if any, which
W. PR.	100	gave rise to immediate cause (a) stating the under-
301 W. PRE: CUTED WITH IN PENCIL ! EXAMINER D MELTRANS O REMOV		lying cause last.
S, 301 W. PRI RECUTED WITH SY' IN PENCIL BURIAL-TRAN NND MENTAL NN, OR REMO	1	8-19T 2 OTHER CICHITY CONDITIONS CONTRIBUTIONS TO OFFICE AND AND ADDRESS OF THE OTHER CICHITY CONTRIBUTIONS TO OFFICE AND ADDRESS OF THE OTHER CICHITY CONTRIBUTIONS TO OFFICE AND ADDRESS OF THE OTHER CICHITY CONTRIBUTIONS TO OFFICE AND ADDRESS OF THE OTHER CICHITY CONTRIBUTIONS TO OFFICE AND ADDRESS OF THE OTHER CICHITY CONTRIBUTIONS OF THE OTHER CICHITY CONTRIBUT
TAL RECORDS, 301 W CHOULD BE EXECUTED ROW "PENDING" IN PE CHIEF MEDICAL EXA USED AS A BURNAL- OF HEATH AND ME AL, CREMATION, OR R	z	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a).
PENE PENE PENE PENE PENE PENE PENE PENE	CERTIFICATION	190. DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY?
SHOULD DRD "PER CHIEF A E USED FOR HEL	은	In Autoral:
DIVISION OF VITA S CERTIFICATE SHO RITING THE WORD RDED TO THE CHI E 3 SHOULD BE UF E DEPARTMENT OF PRIOR JO BURIAL,	E .	YES NOT
CATE HE WOLD B THE VULD B		UNDERLYING OR HOUR A.M. MONTH DAY YEAR
IVISION CERTIFIC TING THI DED TO DEPARTA PRIOR JO	MEDICAL	CONTRIBUTING CAUSE OF DEATH P.M. 19 21d. INJURY OCCURRED 21e. PLACE OF INJURY (ATHOME, 211. LOCATION
OV CE SPEC PRIG PRIG	ME	WHILE NOT WHILE STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN COUNTY STATE
WANA WE	1300	AT WORK AT WORK
CATE, CATE, FOR: FOR: THE S'		220. I certify that I took charge of the remains described above, held an Autopsy . Inspection . Inquiry . and in my apinion
AL EXAMINER: HE CERTIFICATE HOULD BE FOR HOULD BE FOR HINH THE HANNING WARYLAND, 2		death resulted from: Stural causes , Accident , Suicide , Hamicide . Undetermined manner ,
EXA CERT UILD DIRE WIT		TITLE (SPECIFY)
CAI EXA THE CER SHOULD RRAL DIR: ATH, WI		ACTUAL SIGNATURE OF MEDICAL EXAMINER DATE 7-2-82
DIC TE T TE T NER OPEA		EXAMINER'S NAME F. L. WIND OT
TO MEDICAL E EXECUTE THE O PAGE 4 SHOU A FTO FUNERAL F BALTIMORE, MA	and a	EXAMINER'S NAME F. LINHARD' ADDRESS HUNDROLLS MD
EXE EXE PAC 10	230.B	SURIAL, CREMATION, REMOVAL 23b. DATE, 23c. NAME OF CEMETERY OR CREMATORY CHARACTERY COUNTY STATE
BP	64	Flomen 1 July 7.82 Wood qual mem - Orlando. Florida
DHMH - 17	24. F	EUNERAL DIRECTOR ADDRESS JOI RITCH & 25 DATE REC'D. BY REGISTRAR 255 REGISTRAR SIGNATURE ADDRESS
(VR A15 ME (5))	18	Tarrancot Home Soverna Plr & De Opines Jan latter



FOR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	1	REGISTRAR				CERTII	FICATE OF DEATH	DEC.	5. NO.				
		CEASED NAME	FIRST		WIDDLE		LAST	20 DATE OF DEAT		DAY YEAR	26 HOUR		
	TITPE	G	enev	ieve :	Marie	K	LINE	JULY	17,	1982	6:00 H		
	1 SEX	X		4 RACE		5. DATE		& AGE (IN YEARS LAS	T BIRTHDAY)	IF UNDER I YEAR	IF UNDER 24 HRS		
	1800	Female		Wh	ite	Dec		87	YF	MONTHS DAYS	HOURS MIN.		
	Ja. BI	RTHPLACE (STATE OR FO	OREIGN	76 CITIZEN OF	WHAT COUNTRY?	8.	D NEVER MARRIED	9 BALTIMORE CIT					
S		Maryland		U	.S.A.	WIDOWI		Anne	Arun	del Co	• MD.		
0	10 CI	TY OR TOWN OF DEA	TH		HOSPITAL, NURSIN		OR OTHER INSTITUTION	120 USUAL OCCUP		126. KIND C	OF BUSINESS OR		
1		len Burn	Control of the last of the las	5	GORDON	LAI	VE	Homema	ker	Own	Home		
/	.USUA 13a. S	AL RESIDENCE HE NUR!	NO HOLE OF	OTHER INSTITUTION	GIVE RESIDENCE BEFORE		113d. INSIDE CITY LIMITS?	13e. STREET ADDRE	SS				
7		ryland			Baltime	ore	YES XX NO	2112	Wi.	lkens A	venue		
	14 FA	THER'S NAME		MIDDLE	LAST		15 MOTHER'S MAIDEN NA	ME	6		THE PERSON		
1		John			Fulle	er	Genevie	ve			isel		
5		VAS DECEASED EVER I		MED FORCES?	166 SOCIAL SECU		17 INFORMANT 5 GO						
		NO		/A	152-20	0-854	11 Mrs. Mai	ry Ruszi	n (Da	aughter)		
		18 CAUSE OF DEATH	1 :Enter on	ly ane couse per	line for (a), (b), and	dien .	1	0		BETWEEN	MATE INTERVAL ONSET AND DEATH		
				E CAUSE (a)	HYTE	Y10	slerosit,	9ene	eral	20	yrs		
		2500		DUE TO, O	r as a conseque	NCE OF	Dialete.	, m. 080	1.50	0 0-	V- 0		
		Canditions, if any,		(b)_			Diacete.	Incu	1 tus	20	723		
		cause (a), stating	g the	DUE TO, O	R AS A CONSEQUE	NCE OF							
		underlying cause		(c)					11.0				
	z	PART 2 OTHER SIGN	IFICANT (ONDITIONS CO	ONTRIBUTING TO	EATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR C	ONDITION	GIVEN IN PART IN	a.		
	CERTIFICATION	19g DATE OF OPERAT	1401	189 601101	TION FOR WINGS	00504710			Total con-				
7	FIC/	198 DATE OF OPERAT	1014	196 CONDI	ITION FOR WHICH	OPERATIO	N WAS PERFORMED	20a AUTOPSY?	INCE	YES, WERE FINDIN RTIFYING CAUSES	OF DEATH?		
-	ERTI	21g. ACCIDENT WAS UNDE	ERIVING F	21b. TIME O	E INTITION		Tit. HOW IN HUDY OCCUPA	YES NO	_	YES	NO []		
-		OR CONTRIBUTING C	_	110.00		INJURY MONTH DAY YEAR 216. HOW INJURY OCCUR			RRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2)				
1	MEDICAL	(IF EITHER NOTIFY MEDIC		21e PLACE		19	211 LOCATION						
1	ME	WHILE NOT WHI		(AT HOME, STR	EET FACTORY OFFICE FA	ARM, ETC)	STREET	CITY C	RIOWN	COUNTY	STATE		
1		AT WORK AT WORK	×			Jen	118 74	Tu	41	7 82			
		22a. I certify that (1) (saw the decease		1 111.	e decapsed from	77	nd that in (my) (aur) opinion o	death accurred as the	o doto nod		that (I) (we) lost		
		abave, (1) (we) (di 22b. SIGNATURE	id) (did no	t) view the bady	after death.		DEGREE	acam accorred an in	e dole dila	22c DATE			
			1/2	12	11000	n		MEDICAL S	STAFF _				
		22d. PHYSICIAN'S NA	ME LIYPE O	RPRINT)	, rang	1"	22e ADDRESS	DIRECTOR PHY	SICIAN [119	JULY'82		
Ŧ		Josep	0	aler,	M.D.			rt Dood	Clan	Durania	24.3		
	23e B	URIAL, CREMATION, R				AME OF C	95 Aquaha	123d LOCATION	GTEU	purnie	, Ma.		
		Buria		1 1 1 1 1 1				CITY OR TOWN		COUNTY	STATE		
	24 FU	INERAL DIRECTOR	1. 15	artes	OT OZI I	reado	Owridge Mem.	Park E	AR 256 REC	dge Howa	ard Md		
		INGLETON	FUN	ERAL H	OME GLE	NBUE	RNIE MD . III		Fine	co Can	arther		

FUNERAL HOME, GLENBURNIE, MD.

DHMH - 16 50M 1/B1 (VRA 15, 4)

E V 1 0 1 100:00 100:00 00:00 butter to the latter than the second of the lands and the second of the THE REAL PROPERTY. the state of the s 图件 多文字 医二型类 经营业的 的复数人名英格兰

1	STATE OF MARYLAND	and the
1 - FOR STATE	MEDICAL EXAMINER'S CERTIFICATE OF DEATH	900
REGISTRAR 1. DECEASED NAME FIRST	MIDDLE LAST 20. DATE KNOWN MONTH	DAY YEAR 26 HOUR
(TYPE OR PRINT)	DAVID LINGEMAN M. DEATH MATED 7	27 1982 15 HOUR
	ATE OF BIRTH 10. AGE (IN YEARS IF UNDER 1 YR. IF UNDER (4 HRS. 20 DATE MONTH DAY YEAR LAST BIRHDAY) MONTHS DAYS HOURS MIN. PRONOUNCED DEAD	ST VEAR 26 HOUR
7a. BIRTHPLACE (STATE OR 7b C	ITIZEN OF WHAT COUNTRY?	TY OF DEATH
FOREIGN COUNTRY) EXAS	USA WIDOWED DIVORCED HONE HEUN	UDEL MO.
DEPERTURE OF THE PROPERTY OF T	NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION IF NOT IN SUCH LETTING, GIVE STREET ADDRESS) OO9 TIMBERCREEK DE EXECUTIVE	176 KIND OF BUSINESS OR INDUSTRY
USUAL RESIDENCE (IF IN NURSING HOME OR OTHE	R INSTITUTION, ONE RESIDENCE BEFORE ADMISSION) 1/34 CITY OR TOWN 1/34 INSIDECITY LIMITS? 1/36 STREET ADDRESS	7
USUAL RESIDENTICE (IF IN NURSING HOME OR OTHE	HWUAPOhis YESX NO 1009 114BERCRE	EK DR.
14. FA LHER'S NAME	DIE 15. MOTHER'S MAIDEN NAME MIDDLE	OCO A DI
16a WAS DECEASED EVER IN U.S. ARMED F	ORCES? 16 SOCIAL SECURITY NO. 17. INFORMANT ADDRESS	EGORY
(YES, NOT OR UNKNOWN) (IF YES, ONE WAR OF	1964 457563865 M.C. KYLE # 13	Production of
CAUSE OF DEATH (Enter only one PART I DEATH WAS CAUSED BY:		APPROXIMATE INTERVAL BETWEEN ONSET IND DEATH
MALE AND THE MEDICAL EXAMINER ADOLD THE MEDICAL	DUE TO, OR AS A CONSEQUENCE OF	mur/m
Canditions, if any, which gave rise to immediate	(b)	
cause (a) stating the <u>under</u> -	DUE TO, OR AS A CONSEQUENCE OF	
	(c)	
TAKE 2 DIRECT SIGNIFICANT CONDITIONS CONTRIL	BUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (0).	
196. DATE OF OPERATION 210. EXTERNAL CAUSE WAS	196 CONDITION FOR WHICH OPERATION WAS PERFORMED?	20. AUTOPSY?
210. EXTERNAL CAUSE WAS	0. 700 0. 0.00	YES \ NO
UNDERLYING OR	21b. TIME OF INJURY HOUR A.M. MONTH DAY YEAR 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PA	ART 2}
UNDERLYING ON OR OF DEATH	21e PLACE OF INJURY (ATHOME, 211 LOCATION	
WHILE NOT WHILE AT WORK	STREET FACTORY, FARM, ETC.) STREET CITY OR TOWN CO CO CO CITY OR TOWN CO CO CO CO CO CO CO CO CO C	PACO STATE
228 I certify that I took charge of th	he remains described abave, held an Autapsy . Inspection . Inquiry . and in my as	pınian
death resulted from Noroyal cou	uses 🗷 , Accident 🗌 , Suicide 🔲 , Hamicide 🔲 , Undetermined manner 🔲 ,	
ACTUAL ACTUAL	TITLE (SPECIFY) DATE	ED7/18/82
SIGNATURE	M.D. MEDICAL EXAMINER SIGNE	ED
TO THE WORK AT WORK 210. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH OF CONTRIBUTING CAUSE OF CAUSE OF CAUSE OF CONTRIBUTING CAUSE OF CAUS	VHARDT ADDRESS Que No his, beargh	nt
1/4/5/81/10/1000 17/	COY OR TOWN 1	Morte Morke
24 FUNERAL DIRECTOR	28/82 It hiveohy BEENTWOOD Y.	SIGNATOR -
E(5)) TAYLOR FUNERAL	OHAPK HUMA ONIS MO AUG 3 1982 Manual	antion

CONTROL STATE TO THE PARTY OF TH MERCHANICAL CONTRACTOR OF THE PROPERTY OF THE

IMPORTANT: If Item 21 is marked or Item 18 shows any injury, or other traumatic event, the medical exa

	STATE	OF MARYLAND
DA	DEMENT OF HE	ALTH AND MENT

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	1.	FOR STATE REGISTRAR			DEPART		TEALTH AND MENTAL HYC	GIENE 8 2	169	0 1
N		CEASED NAME E OR PRINT) Female	ani"	4 RACE	B	S. DATE C	PF DA BIRTH 2-15 DAY YEAR	20. DATE OF DEATH 6. AGE (IN YEARS LAST BIR	MONTH DAY YEAR 7-13-82 THDAY IF UNDER 1 Y MONTHS DA	EAR IF UNDER 24 HRS
2	St	IRTHPLACE (STATE OR F	Vt.	76 CITIZEN OF V	WHAT COUNTRY?	8 MARRIE WIDOWE	D NEVER MARRIED	P BALTIMORE CITY C	PRS. DR COUNTY OF DEATH PUNDER CO	MD.
3	A LUSU	UNADIS AL RESIDENCE (IF NURS		ANNE A	CONDEL GI	ADDRESS)	al Hospital	TYPE OF MIN OR TOST		D OF BUSINESS OR
5	Md	STATE	13h COU		13. Edge way		134 INSIDE CITY LIMITS?	13e. STREET ODRESS	lby Blv'd	
0	14 FA	Charles M	larche	rssault	LASI		IS MOTHER'S MAIDEN NA Elizabeth	Nei	veret	TAST E
		VAS DECEASED EVER YES, NO OR UNKNOWN)		MED FORCES?	166 SOCIAL SECU	0307	Sandra Case	ADDR	s as 13 a-e	
	NO	Conditions, if ony, gove rise to imm couse (io), statin underlying couse	which nediate g the lost	(b)	R AS A CONSEQUI	ENCE OF	not related to the term	AINAL DISEASE OR CON	DITION GIVEN IN PART	T No.
9	CERTIFICATION	19a DATE OF OPERAT	ГЮИ	196. CONDI	TION FOR WHICH	OPERATIO	N WAS PERFORMED	20a AUTOPSY?	20b. IF YES, WERE FIN IN CERTIFYING CAU	IDINGS USED SES OF DEATH?
1	MEDICAL CER	216. ACCIDENT WAS UND OR CONTRIBUTING CO (IF EITHER NOTIFY MEDIC 21d. IN JURY OCCURR AT WORK NOTIFY HOT 220 I certify that (I) saw the decease above, (I) (1) 22b. SIGNATURE	AUSE OF DEALEXAMINER THE CONTROL (this hospital) (did no	21e. PLACE C (AT HOME STREET) tal) attended the	M. MONTH DAM, DF INJURY EET FACTORY, OFFICE, F	ARM ETC)	211 LOCATION STREET 19 Ind that in (my) (00r) opinion. DEGREE ATTENDING PHYSICIAN	CITY OR TO	WN COUNTY Te ond hour ond from	STATE , that (I) (we) last the causes stated
-	23a. B	Stanley Stanley	4	JATK	INS	NAME OF C	22. ADDRESS 121 Catheo	dral St., A	nnapolis,M	•

DHMH - 16 50M 1/81 (VRA 15, 4)

BP

24 FUNERAL DIRECTOR
Beallam Funeral

Burial 7-15-82 Home, 1212 West Street,

Hillcrest Memo Gardens

Annapolis, Md COUNTY

9 1982 CALLES 9 1982

FOR CONTRACTOR STREET, Taylor . Bridge Washer The Committee of the Commi Chartes Made and Company of the Comp o-a 21 az zamen l'alfone en me many a servicio de la company de la compa . Carronan . Themselve Ist - De-13 and Description of the Secretary and the second --and the control of the last factors with the control of the contro

	1 -	FOR STATE REGISTRAR	DE	PARTMENT OF HEALTH AT CERTIFICATE C		NE 8 2	169	0 2
		CEASED NAME FIRST OR PRINT) John	MIDDLE	Kug	1	DATE OF DEATH MONT	DAY YEAR 2 20 82	12 13
N	1 SEX	M ale	White	S. DATE OF BIRTH	YEAR	AGE (IN YEARS LAST BIRTHDAY)		HOURS 1
1	B	STATE OR FOREIGN SUNTRY	The CITIZEN OF WHAT COU	MARRIED NEV	YER MARRIED 7	Anne Arunde		
6	10 CI	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, N (IF NOT IN SUCH FACILITY, GIV	NURSING HOME OR OTHER E STREET ADDRESS)		20 USUAL PAROLLY TYPE OF WORK FOR MOST OF WOR	126 KIND OF	BUSINES
5	13a. S	TATE IS COUN		imore YES	NO FOR	se street address 1826 Gough	St.	
0	-	THER S NAME FIRST	MIDDLE		FIRST Cunegond	MIDDLE	Devenste	+ bs.
2	(Y		E WAR OR DATES)	L SECURITY NO. 17 INFO	ederick K	rug 6805 Eas	stbrook Ave	-215-
	z	Canditians, if any, which gove rise to immediate couse (a), storing the underlying couse last	DUE TO, OR AS A CON (b) DUE TO, OR AS A CON (c) CONDITIONS CONTRIBUTION	ISEOUENCE OF			N GIVEN IN PART 110	
9	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR	WHICH OPERATION WAS PE	00.020	200 AUTOPSY? 20b.	IF YES, WERE FINDING CERTIFYING CAUSES O YES []	OS USED OF DEATHS
9		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	HOUR A.M. MONT		W INJURY OCCURRED	O (ENTER NATURE OF INJURY IN IT	EM 18, PART 1 OR PART 2)	
	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME, STREET, FACTORY,	OFFICE, FARM, ETC.) 21f LOC STI	ATION REET	CITY OR TOWN	COUNTY	STAT
. If them 21 is marked		22a. I certify that (I) (this haspi sow the deceased alive an obove, (I) (we) (did) (did no 22b. SIGNATURE	7 100	NO -	my) (🗪) opinian dec	to	nd haur and from the ca	
MPOKI AN		224 PHYSICIAN'S NAME (TYPE O DIWAN S. T	RPRINT) BHATHAL	— 4. D. 226. ADD	C. Hr C	· md. 3		
IMPORTANT: IF		URIAL, CREMATION, REMOVAL BURIAL	July 23,82	23c. NAME OF CEMETERY Holy Redeeme		Baltimore,	-, Maryl	state.
M 1/75 4))		NERAL DIRECTOR	Inc. 1901 Es	stern Ave.	250. DATE R	2.1 1092	EGISTRAR'S SIGNATUR	RE

STATE OF MARYLAND

. D fabourd amma Arabet C. M.A. BRIETHONG X X H W 1 ABOUT COURT IN. Tried - the Constant - David - Level LUVA Sportstate 10 30 21 dots to 2 FL S-14 to 2 to pt pret S-24 Burial Mily S. S. Holy See mes Com. Belginore, me-, trayland idily & Sailer Inc. 19th Carren Ave. Her in the

	1		STATE OF MARYLAND
3	1.	FOR • STATE REGISTRAR	DEPARTMENT OF HEALTH AND MENTAL HYGIENE 8 2 1 6 9 0 3
pe a may be	3. SE	CEASED NAME FIRST STANLE X MALE	REG. NO. 20. DATE OF DEATH MONTH DAY YEAR 26 HOUR PARAGE S. DATE OF BIRTH MONTH DAY YEAR 26 HOUR PARAGE WHITE S. DATE OF BIRTH MONTH DAY YEAR 16 UNDER 14 FUNDER 14 FUNDER 14 HOURS MIN. WHITE YEAR Y
the death. P. sertin 72 to		IRTHPLACE (STATE OR FOREIGN 76.	NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION NAME OF HOSPITAL, SIZE SIZE ADDRESS OR NAME OF HOSPITAL SIZE SIZE SIZE ADDRESS OR NAME OF HOSPITAL SIZE SIZE SIZE SIZE SIZE SIZE SIZE SIZE
24 hours of	USU 13a. :	AL RESIDENCE (IF NURSING HOME OR OTL STATE D. 13b COUNTY	AR INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) ARRIVATION GIVE RESIDENCE BEFORE ADMISSION GIVE BEFORE ADMISS
ompletely on 20		ATHER'S NAME MID	DIE KYKAA IS MOTHER'S MADEN NAME VALKOWICZ
Pages /		VAS DECEASED EVER IN U.S. ARME YES, NO OR UNKNOWN) (IF YES, GIVE W	AR OR DATES 37307 6431 CHESTER KUKLA # 13
errificate la physica bon paper lemoval c event, the		18 CAUSE OF DEATH (Enter only of PART 1, DEATH WAS CAUSED EIMMEDIATE O	
that the death or d by the attending lease remove cort ial, cremation, or		Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last	DUE TO, OR AS A CONSEQUENCE OF (b) DUE TO, OR AS A CONSEQUENCE OF (c)
n signe Then pl	TION		NDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 1 200. AUTOPSY? 1 206. IF YES, WERE FINDINGS USED
N: The low re system or content or content or consist permit. Hygiene prior or standard o	CERTIFICATION	19a DATE OF OPERATION	YES NO
Physical Phy	MEDICAL CE	21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER)	216. TIME OF INJURY HOUR A.M. MONTH DAY YEAR P.M. 19 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2)
n t a t a s	MED	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	216. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) 218. LOCATION STREET CITY OR TOWN COUNTY STATE
R ATTENDING hospital or a morphism of the control o		220.1 certify that (1) (this hospital saw the deceased alive an abave, (1) (we) (did) (did nat) v	
OR he he ho DIRE		H-Tank	DEGREE ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN 7-21-82
TO HOSPITAL etained by 1 should be 1 should be 1 with the Start MAPORTANT:	X.	HAMID O	ShipiAN Maryland MANOR Glen Burney
BP	1	BURIAL	236. DATE 236. NAME OF CEMETERY OF CREMATORY 236. LOCATION 236. LOCATION COUNTY FLATE.
DHMH - 16 50M 4/82 (VRA 15, 4)	24 F	Whole F. CHADIE	HWWA and N.S. M.D. 1982 PARES SERVICES SEEN Northern

HELLING BUILD IN THE TAIL TO BE THE THE TAIL the strong of the second constitution of the second The state of the s

STATE OF MARYLAND

in Common to the second Mar established in the compact of

3	1.	FOR - STATE REGISTRAR	DEPA	STATE OF MARYLAND RYMENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	GIENE 8 2	6 9 0 5
nay be		CEASED NAME GEACE	MIDDLE A	LINDLEY IS, DATE OF BIRTH	20 DATE OF DEATH MONTH 7 6 AGE (IN YEARS LAST BIRTHDAY)	DAY YEAR 2b. HOUR 17 82 2 4 M IF UNDER 1 YEAR IF UNDER 24 HRS
Poge 4		F	WHITE CITIZEN OF WHAT COUNTS	3 /1 /898	YRS	MONTHS DAYS HOURS MIN.
deoth.		COUNTRY a.	USA	MARRIED NEVER MARRIED WIDOWED DIVORCED SING HOME OR OTHER INSTITUTION	HUNE HE	LUNDEL MD
ours after	130	AL RESIDENCE (IF NURSING HOME OR OT	HER INSTITUTION AVERESIDENCE BE	EET DORESSI DE CONTROL	TOUSEWITE	
etely fills 2 should		THER'S NAME	A HUWAY	13d. INSIDE CITY LIMITS? YES NO	13, STREET ADDRESS	CREST DR.
bample ond		PROPE MID VAS DECEATED EVER IN U.S. ARME	HOMAS D FORCES? 166 SOCIAL SE	CURITY NO. 17. INFORMANT	PINE MIDDLE ADDRESS	TAIT
sican and copers. Pages of.	-	YES NO PRINKNOWN) (IF YES, GIVE W	2619.	34B8 LINDA E	90e # 13	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
th certifice ading phy carbanpa ar remov		PART I. DEATH WAS CAUSED E IMMEDIATE (BY:	Achexia of mo	ilignancy.	
the deather the atternance remotion.	19	Conditions, if ony, which gove rise to immediate cause (a), stating the	DUE TO, OR AS A CONSEC	PUENCE OF	<u> </u>	
quires that is signed by then please is a burial, cre jury, or other	Z	PART 2. OTHER SIGNIFICANT COI	NDITIONS CONTRIBUTING T	O DEATH BUT NOT RELATED TO THE TER	MINAL DISEASE OR CONDITION G	IVEN IN PART Ita
he low recon. has been premit. It ene prior to ows any in	CERTIFICATION	190 DATE OF OPERATION	195 CONDITION FOR WHI	CH OPERATION WAS PERFORMED	IN CER	YES, WERE FINDINGS USED TIFYING CAUSES OF DEATH?
YSICIAN: The dring physicion is a certificate the ouriol-transit pouriol-transit premail 8 shown if them 18 shown in the sho		2)a ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER)	216. TIME OF INJURY HOUR A.M. MONTH P.M.	DAY YEAR	RRED (ENTER NATURE OF INJURY IN ITEM)	
ING PHYS	MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	216 PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFI	E, FARM, ETC.) 211 LOCATION STREET	CITY OR TOWN	COUNTY STATE
ATTENDI ospitol or CTOR. A d for use f. of Heolin n 21 is mi		220 I certify tha (1) this hospital; saw the deceased give an above (1) (we) (did (did not) v	7 / / / -	, and that in (my) our) opinion	death occurred an the date and h	
OSPITAL OR ed by the houneral DIRE UNERAL DIRE d be detoche he State Dep RTANT: If he		27b. SIGNATURE 27d. PHYSICIAN'S NIAME ITYPE OR PR	Pormour	DEGREE ATTENDING PHYSICIAN 122e ADDRESS	MEDICAL STAFF DIRECTOR PHYSICIAN	7/17/72
TO HOSPITA etoined by TO FUNERA should be de with the Stat	22	9code C	JAM AR	AS 205 R	idgely Ar	Je. Aurapali
BP	1	BURIAL, FREMATION, REMOVAL SEPTIFY JURIAL JURIAL DIRECTOR	7-20-81	WASHINGTON 250	PRESE DE CHARLES AND	STRARY SIGNATURE
DHMH - 16 50M 1/81 (VRA 15, 4)	TR	YLOR F. CHA	PEL HUI	IA polis Mo.	JE 2 1 130E	- Who will be

C U U C H STS DU SHERRE LANDON SHIPTE HE A PARTY TO THE PROPERTY OF THE SECOND OF THE - 197 20194 2019 249 MILE 2 200 PT The state of the s

Funeral Home

FOR

- STATE

(VR A 15 (4)) 9/74

REGISTRAR

Sandens Same as #1 PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) and that to (my) (one) opinion death occurred on the date and hour and from the causes stated Oakwood Road. Glen Burnie. Md. 21061 (SPECIFY) Itimore, Burial emeteru. BP. 24 FUNERAL DIRECTOR Balto DORESS DHMH - 16 25M

Ave.

Patapsco

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

REG. NO

YEAR

IF LINDER I VEAR

INDUSTRY

COUNTY

uu.er/h

2b. HOUR

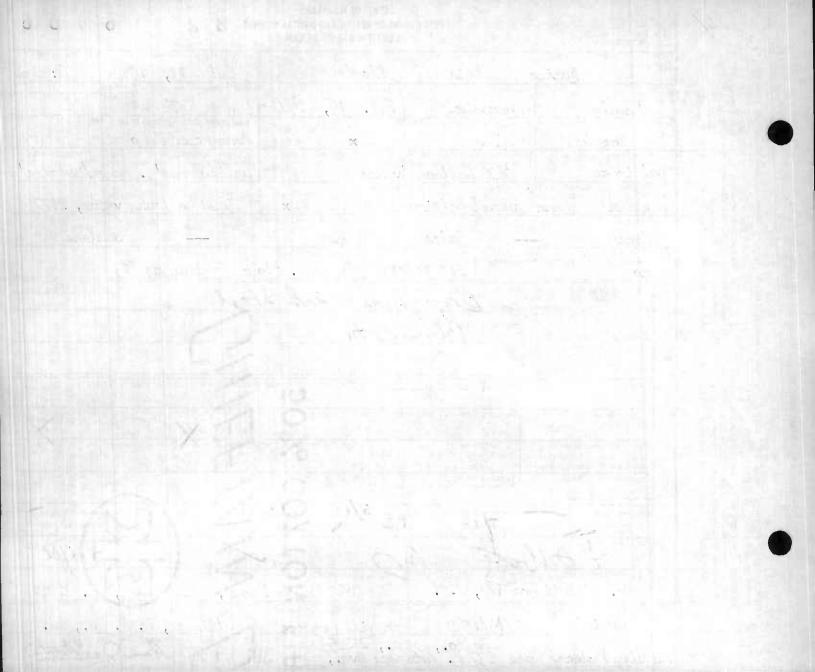
12b. KIND OF BUSINESS OR

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

STATE

IF UNDER 24 HRS

20. DATE OF DEATH



//			STATE OF MARYLA	IND	1 1 5 0 7
		FOR STATE REGISTRAR	DEPARTMENT OF HEALTH AND I CERTIFICATE OF D	EATH	1690/
	1	DECEASED NAME	MIDDLE LAST	REG.	
poge 3		MASSALL	EMILOBED L. Mai	rshall	7 2 82 605 M
no.	1.	SEX	4 RACE S DATE OF BIRTH	6 AGE (IN YEARS LAST	
Poge 4	1	Female	White Sept. 23	1911 10	YRS DAYS HOURS MIN.
deoth.	15	PA	MARRIED ☐ NEVER A WIDOWED ☐ DI	VORCED ANNE AR	SUNDET MD.
offer	5=	CITY OR TOWN OF DEATH	NAME OF HOSPITAL, NURSING HOME OR OTHER INST (IF NOT IN SUCH FACILITY, GIVE STREET ANDRESS)	TYPAOF WORK FOR MOS	TOF WORKING LIFE) INDUSTRY
2000	10	SUAL RESIDENCE IN NURSING HOME OF	OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION)		naker Home
in 24 h	20	FATHER'S NAME	H. Hnnapolis YES'	NOX 30 Warn	wright Ave 21403
3 55 /	21	FIRST		MAIDEN NAME FIRST MIDDLE	O LAST
oted Cted	90	Inomas	Marshall Ca	rrie	Grey
n ond co Poges medicol	1 16	1. WAS DECEASED EVER IN U.S. AR (YES, NO OF UNKNOWN)	MED FORCES? 166 SOCIAL SECURITY NO. 17 INFORMA JE WAR OR DATES) DOT 101 8285 Son A	era Krunski	Same as
sicion pers. ol.		18 CAUSE OF DEATH (Enter or	nly one couse per line for (o), (b), and (c)	I W III LEDRY	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
physical phy		PART I. DEATH WAS CAUSE	TE CAUSE (0) Consendence h	not double	10
ding orbo	840	4360		USI/(N	
Henc ve co on, o	43	Conditions, if any, which	DUE TO, OR AS A CONSEQUENCE OF	Par concor	losal
e of mov notic		gove rise to immediate	(0)	or accid	URT .
by the		couse (a), stating the underlying couse last	DUE TO, OR AS A CONSEQUENCE OF		
hed be		BART 2 OTHER SIGNIFIC AND	(Ic)		
sign sign hen to bu	2	PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED	TO THE TERMINAL DISEASE OF CO	NOTION GIVEN IN PART 10
been mit. T prior	1 NOTACIENTAL NOTACIONAL NOTACION	198 DATE OF OPERATION	196 CONDITION FOR WHICH OPERATION WAS PERFO	RMED 200 AUTOPSY?	20b. IF YES, WERE FINDINGS USED
ws per	1 3				IN CERTIFYING CAUSES OF DEATH?
sh og ici		21g. ACCIDENT WAS UNDERLYING	21b. TIME OF INJURY 21c. HOW IN	JURY OCCURRED (ENTER NATURE OF IN	YES NO
			HOUR A.M. MONTH DAY YEAR	TON OCCORNED (SMIER MATORS OF IN	JUNE IN TIEM TO PART OR PART 2)
YSICIA ding ph s certifi suriol-th Mentol	VEDICAL	(IF EITHER NOTIFY MEDICAL EXAMINER 21d. INJURY OCCURRED	P.M. 19 21e PLACE OF INJURY 211 LOCATIO	DNI	
offending offendings the bulk ond M	ME	WHILE NOT WHILE AT WORK	(AT HOME STREET FACTORY OFFICE, FARM ETC.)	CITY OR	TOWN COUNTY STATE
A A A S A S A S A S A S A S A S A S A S		220 I certify that this hospi	tol) ottended the deceosed from Jume	, 19.82 , to JU/4	, morning (me) tost
prito prito 2TO for of h		sow the deceased alive an above, in (we) (did so	t) view the body after death.	our) opinion death occurred on the	date and hour and from the causes stated
hos hos ihed ept.		22b. SIGNATURE	To DEGREE		22c. DATE SIGNED
Y the RAL DI detocl rote Do		Got omi		TTENDING MEDICAL ST PHYSICIAN DIRECTOR PHYS	AFF 51CIAN 7-5-82
HOSPIT ined by FUNER old be o		22d. PHYSICIAN'S NAME (TYPE C	PRINT) 22e ADDRES	5	21401
retained by TO FUNERA should be di with the Sto	1	1 GHM	tchell (1)1) 20.	5 RIDGOLGA	ue Annond/5
5 € 5 € ¥ ₹.	23	BURIAL, CREMATION, REMOVAL	236. DATE 23c NAME OF CEMETERY OR C		
BP	1	rematim	Tulub 1982 Ft. Lingal	CITY OR TOWN	ad PC MI
DHMH - 16 50M 1/81	24	FUNERAL DIRECTOR	The state of the s	250 DATE REC'D. BY REGISTRA	AR 256. RESISTRAR'S SIGNATURE
(VRA 15, 4)		To ham Toule	or & Sons. Honopolis Mi	1 1 1 8 198	name Jania
		CL THE THEY IN		100	rel V

To the second of the second of the second Billian Break and Andrope Car Colonia In-

	FOR					AARYLAND I AND MENTAL I	YGIENS	-)	1 6		0 8
1	STATE REGISTRAR		ME	DICAL EXAM	INER'S	CERTIFICATE C	F DEATH	REG. I	NO.		9 9
1. D (T	PECEASED NAME	Fuge.	ve	Herman		UBETIA	2a. DA	TE KNOWN OF ESTI- ATH MATED	MONTH	2./ 18	EAR 2b. HOI
3. 51	EX 4. RA	CE 5. I	DATE OF BIRTH		YEARS IF UI		24 HRS. 2c. D	ATE OUNCED EAD	MONTH	DAY 21	P 2d. HO
Je-	BIRTHPLACE (STATE OR MATYTAND	7ь.	USA	HAT COUNTRY?	8. MARR WIDOV	IED NEVER MARR	IED 📙	TIMORE CITY	OR COUN	111	
10.0	ORTOWN OF DE	5	Hove	SPITAL, NURSING HO	41.6	IER INSTITUTION		CUPATION (1 WORKING LIFE)	TYPE OF WORK	CONST	F BUSINESS
13a.	STATED	THE COUNTY	e George	is Greenb	N	134 INSIDE CITY LIMITS? YES TK NO [134 STREET A	Parkway			
14. 1	Herman	Frederi	ek Marti	in LAST		15. MOTHER'S MAID FRST Bert	ha Ma	z ^{Monit} Phil	е	LAST	
160.	Yes, NO, OR UNKNOWN)	1.952-52	FORCES? (OR DATES)	21.5 26 3		Yvette Ma	rtin sa	ne as a		0	
No		immediate ng the <u>under-</u> it.	(c)	R AS A CONSEQUENCE		E OR CONDITION GIVEN IN PA	RT 1 (g).				
1 ∺	10- DATE OF COST		Tial CONTR								
TIFICA	190 DATE OF OPER	RATION	196. COND	ITION FOR WHICH O	PERATION V	AS PERFORMED?		· · · · · · · · · ·		2D AUTO	
ICAL CERTIFICATION		USE WAS JOR CAUSE OF DEA	21b. TIME O HOUR A.A TH P.A	MONTH DAY	FAR 21c H	OW INJURY OCCURRE	D (ENTER NATURE)	OF INJURY IN ITEM	18 PART I OR P	YES	
MEDICAL CERTIFICA	UNDERLYING CONTRIBUTING 21d. INJURY OCCUI	USE WAS JOR CAUSE OF DEA	21b. TIME O HOUR A.A TH P.A	M MONTH DAY Y	21c H			DF INJURY IN ITEM	18 PART I OR P	YES	
	UNDERLYING CONTRIBUTING 121d. INJURY OCCUP WHILE NO AT WORK AT W	USE WAS OR CAUSE OF DEA' RRED IT WHILE WORK It I took charge of	21b. TIMEO HOUR A.A P.A 21e. PLACE STREET, FAG	M MONTH DAY A. 7. 2 A. 7. 2 A. OF INJURY (ATHOME PORY, FARM, ETC.)	Zic H	CATION STREET J Inspection	СПУС	OR TOWN	JATE SON	YES OUNTY CO opinion	□ NO.
MEDICAL	UNDERLYING ZId. INJURY OCCUI WHILE AT WORK 22a certify that death resulted from ACTUAL SIGNATURE EXAMINER'S NAME TYPE OR PRINTI	USE WAS OR CAUSE OF DEA RRED IT WHILE WORK It I took charge of	21b. TIME OF HOUR A.A. P.M. 21e. PLACE STRET, FAG the remains de	M. MONTH DAY YA. 7. 2. OF INJURY (AT HOME PORY, FARM, ETC.) ascribed abave, held a Accident ,	216 H	CATION STREET SY , Inspection, Hamicide , TITLE (SPECIFY)	n , Inq Undetermine	or town uiry	And in my of Date Sign	YES OUNTY CO Opinion	STATI
WEDICAL MEDICAL	UNDERLYING ZId. INJURY OCCUI WHILE AT WORK 22a certify that death resulted from ACTUAL SIGNATURE	USE WAS OR CAUSE OF DEA RRED IT WHILE WORK It I took charge of	21b. TIME OF HOUR A.A. P.M. 21e. PLACE STRET, FAG the remains de	M. MONTH DAY YA. 7. 2. OF INJURY (AT HOME PORY, FARM, ETC.) ascribed abave, held a Accident ,	216 H	CATION STREET SY, Inspection , Hamicide, TITLE (SPECIFY) ADDRESS R CREMATORY In Cemetery	n , Inq Undetermine	or town uiry, d monner XAMINER ON	JAGO DATE SIGN	YES OUNTY CO Opinion Paynd	STATE

7 2 4 7 Acres pleasands Co The state of the s aveca as was effect address. Not some 42 11 17 11 11 A Committee of the Comm | beargant and mountain and paint after 3 and 3 to 11, 12 and 1 to 1 to 1 The Date of the state of the st

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

- STATE

REGISTRAR

THE PARTIES ! STAND Limited States of the state of THE CHEMANICAL THE The state of the s Carcins and the board in the MANGER C-I-TCLEMENT Z' A FRANKER The the water of the second of the second the comment of the contract of

FOR - STATE , REGISTRAR		DEI	PARTMENT OF H	E OF MARYL HEALTH AND FICATE OF I	MENT AL HYG	IENE 8	2 REG. NO.	16	9	1 0 E.D.7	
CEASED NAME	FIRST	WIDDLE		LAST		20. DATE OF		TH DAY	YEAR	26 HOUR	-
C ON TRIVETY	THOMAS		MA	Y		J	ULY 8,	1982		2:15	M
X	4 RACE		5. DATE O			6 AGE (IN YE	ARS LAST BIRTHDA	() IF UNDI	RIYEAR	IF UNDER 24 HRS	-
Male	Whi	te	Aug	10	1895	8	6	YRS.	DAYS	HOURS MIN	
SIRTHPLACE (STATE OR COUNTRY) VEW YORK	FOREIGN 76 CITIZEN	OF WHAT COU	MARRIE WIDOWE	D NEVER	MARRIED X		ARUND				ND.
LEN BURNIE	ATH 11. NAME (IF NOT I) NOR 1	H ARUND	EL HOSPI		TITUTION		CCUPATION FOR MOST OF WO	RKING LIFE) IN[KIND OF SUSTRY	BUSINESS O	-
Maryland ATHER'S NAME	136 COUNTY AA	Pasade	RTOWN	13d. INSIDE C		13° SIRFET A	opress iviera	Drive			
Charles	J.	May	/	Eli	s MAIDEN NAM zabeth	WE	MIDDLE	100	Smyt	h	
WAS DECEASED EVER YES NO OR UNKNOWN)	IN U.S. ARMED FORCE		5-6211	Cori	nne Con	nstant,	Same a	as 13	118		
Conditions, if any, gove rise to improve to improve to improve to improve to the course to the cours	mediate	D, OR AS A CONS		NOT RELATED) TO THE TERMI	NAL DISEASE	or conditio	DN GIVEN IN I	PART Ita		
19a DATE OF OPERA	TION 196 CC	NDITION FOR W	VHICH OPERATIO	N WAS PERFO	DRMED	20a AUTOF	20b	. IF YES, WERE CERTIFYING (FINDING AUSES C	GS USED OF DEATH?	
21a. ACCIDENT WAS UNE OR CONTRIBUTING (IF EITHER NOTIFY MEDI	CAUSE OF DEATH HOUR	AE OF INJURY A.M. MONTH	H DAY YEAR	21c. HOW IN	JURY OCCURR	ED (ENTERNATI	JRE OF INJURY IN I	TEM 18 PART I OR	PART 2)		
21d INJURY OCCURE WHILE NOT WH AT WORK AT WO	HILE AT HOM	CE OF INJURY E STREET FACTORY O	OFFICE, FARM ETC.)	211 LOCATION STREET			CITY OR TOWN	СО	UNTY	STATE	_
220 I certify that (1) sow the decease	(this haspital) attende ed alive on did!(did not) = e= the b	d the deceased f	19 \$ 2. or	nd that in (my)	, 19 (our) opinion d	, to leath occurred	on the date o				st
H - T D	AME (TIPE OF PRINT)	1	, M	1	and the second second	DIRECTOR [DAIL 3	IONEL/	-
HAMID	TOWHIDIAN				PASADE	NA, MAR	N ROAD	21122		8 11	
Burial CREMATION.	1111 C.	uly 82	Gardens	of Fai		Balt	imore	COUN		MD	

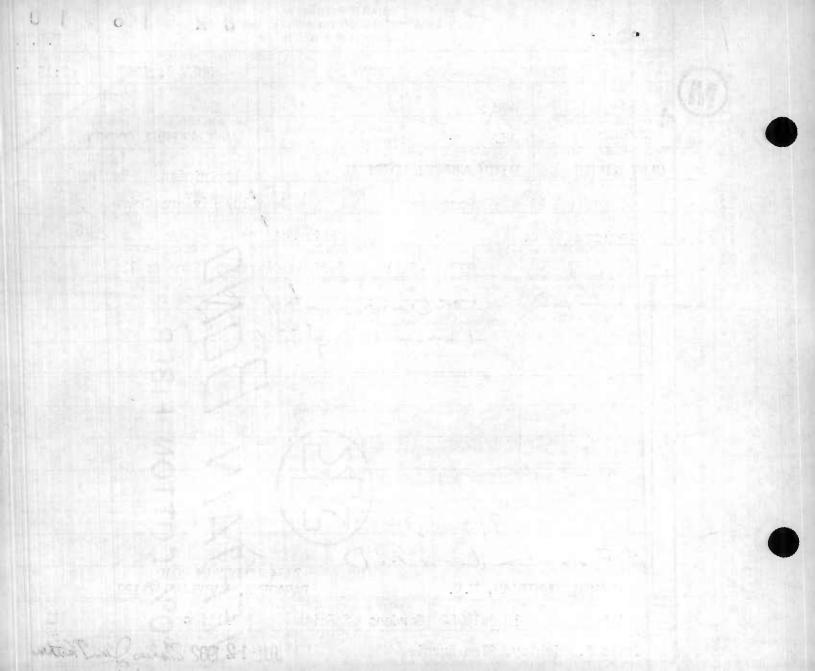
DHMH - 16 50M 1/81 (VRA 15, 4) MEDICAL CERTIFICATION

= 21 is marked or Item

MPORTANT, II he

James S. Kirkley, Glen Burnie, MD

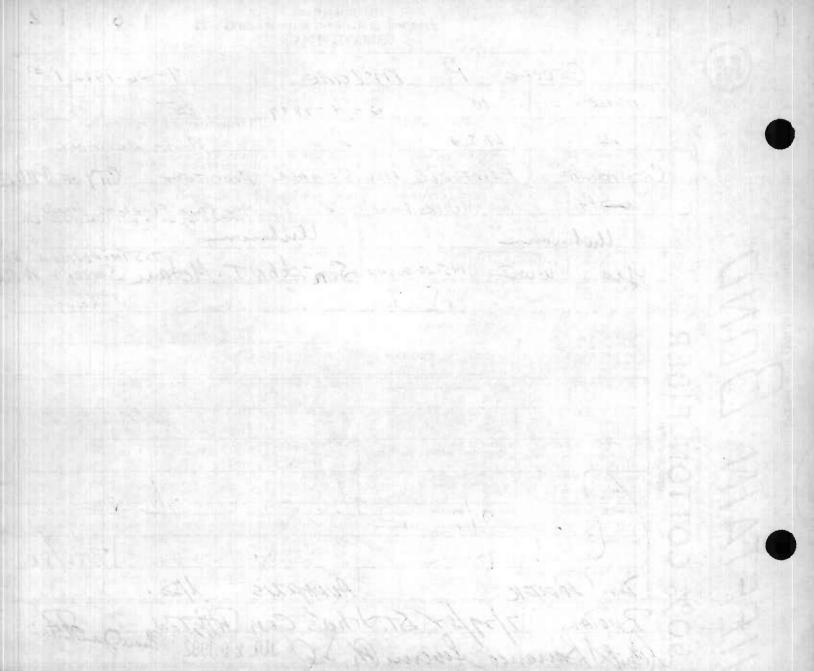
JUL 12 1982 Frances Jan Hatthe



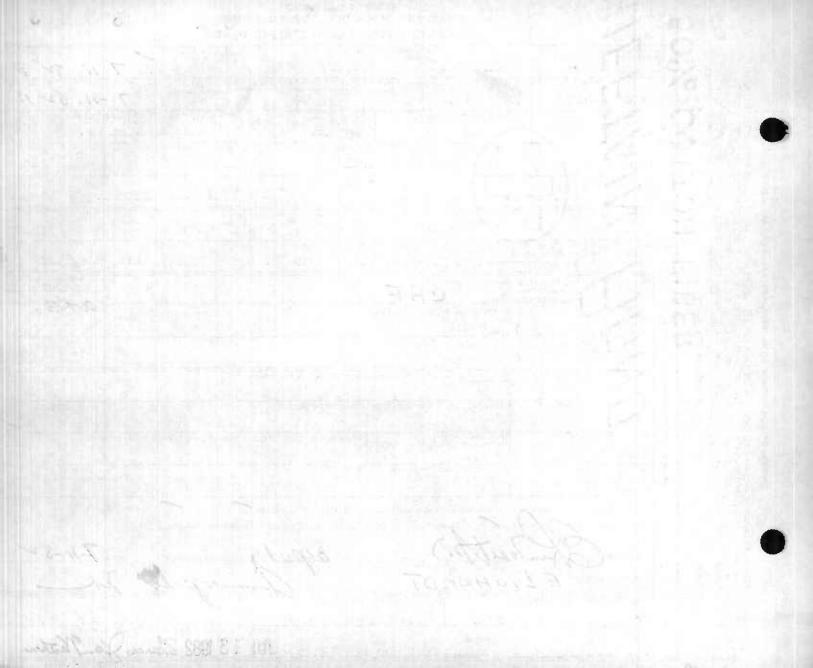
	1	FOR STATE REGISTRAR	DEPART	MENT OF	TE OF MARYLAND HEALTH AND MENTAL HYG FICATE OF DEATH	IENE 8 2	1 6	911
	{ TYP	CEASED NAME FIRST	L MIDDLE	ma	Kenzie	26. DATE OF DEATH	7 16 8	32 6 40 M
(N	3. SE	FEMALE	WHITE	100	OF BIRTH 1905	6 AGE JINYEARS LAST B	YRS.	DAYS HOURS MIN.
6	1	RTHPLACE STATE OR FOREIGN OUNTRY) LW JERSEY ITY OR TOWN OF DEATH	76. CITIZEN OF WHAT COUNTRY	WIDOW		HNNE A	CUNDA COUNTY OF DEA	(a) MD.
15	U	MAPOLIS	II NAME OF HOSPITAL, NURSI (IF NOT IN SUCH FACILITY, GIVE STREE	T ADDRESS)	OR OTHER INSTITUTION	T20 USUAL OCCUPA (TYPE OF WORK FOR MOST //O USE W	OF WORKING LIFE) INDI	KIND OF BUSINESS OR USTRY
35	13a	ATHER'S NAME	ALUADE	WN	13d. INSIDE CITY LIMITS? YES NO 15. MOTHER'S MAIDEN NA	13e STREET ADDRESS	4.4	
1/20		ALBERT VAS DECEASED EVER IN U.S. AI	LEON HARD		ELIZABE	MIDDLE	LUG HES	LAST
e medico			VE WAR OR DATES) 559 (8:	2400	HENRY R. M	16 KeNZIE	#13	ADDROXIMATE INTERVAL TWIN ONSET AND DEATH
njury, or ather traumatic ev	NO	Conditions, if any, which gove rise to immediate couse (a), stating the underlying cause last.	DUE TO, OR AS A CONSEQUENCE OF TO, OR AS A CONSEQUENCE OF TO, OR AS A CONSEQUENCE OF THE CONDITIONS CONTRIBUTING TO	ENCE OF	T NOT RELATED TO THE TERM	INAL DISEASE OR COP	NDITION GIVEN IN P.	ART 1(a)
aws any	CERTIFICATION	19a DATE OF OPERATION	196 CONDITION FOR WHICE	H OPERATIO	ON WAS PERFORMED	200 AUTOPSY?	20b. IF YES, WERE IN CERTIFYING C	FINDINGS USED AUSES OF DEATH?
Item 18 sho		21a. ACCIDENT WAS UNDERLYING CONCONTRIBUTING CAUSE OF DE	HOUR A.M. MONTH	AY YEAR	21c HOW INJURY OCCURR			
morked or	MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE	FARM, ETC)	211 LOCATION STREET	CITY OR T	OWN COU	NTY STATE
21 is		saw the ocean dive an obove to we did did no	ital) attended the deceased from.	2 2		eath occurred on the	dote and hour and fro	that (I) (Ve) lost om the couses stated
ANT: If Item		224 PH SICIAN NAME (1) PE	1. Friend	,	ATTENDING PHYSICIAN Z	MEDICAL STA	AFF.	116/82
MPORT	00.0	Joseph	N. Friend		205 Ridg	ely Ave	· Anna	polis, MM
-0	24 5	URIAL, CREMATION, REMOVAL SPECIFY) EMATION	236. DATE 736.	NAME OF	EMETERY OR CREMATORY	BEEN TO	oos P.G.	Matted.
1/81	Jo	HWM. TAYLOR	Sas Aver	oris	MD 250. DATE	2 1 1982	Them of	GNATURE

DHMH - 16 50M 1/81 (VRA 15, 4)

1 4 4 3 3 3 7 7 7 SHAND ROSSING LINEAU LANGE AND STREET The state of the s A SENT OF LEASING ENGINEERS FOR THE FARMS to the second of Litosoph & Emeral 200 Relay Acco Amangalan 180 Charles of the Control of the Contro

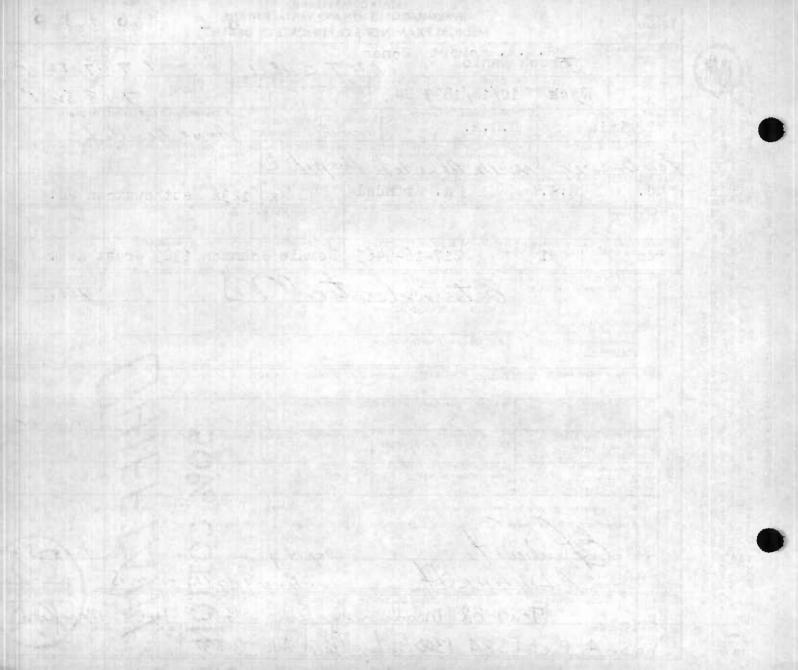


] 1-	FOR STATE REGISTRAR		DEPARTMENT OF HEALTH AND MENTAL HYGIENE 2 MEDICAL EXAMINER'S CERTIFICATE OF DEATH REG. NO.								
	1. DECEASED NAME FIRST (TYPE OR PRINT)		MIDDLE LAST					DATE KNOW! OF ESTI-	DAY YEAR	26. HOU	
		Marie	Carol		Meye	and the same of th		EATH MATEC	.07	11 19 82	P
	emale	4 RACE White	5. DATE OF BIRTH MONTH DAY Aug 31	, 1888 AGE	(IN YEARS IF UN IRTHDAY) MONTH			DATE DNOUNCED DEAD	7	-11 82	2d. HOU
70 8	RTHPLACE (S OREIGN COUNTRY) Germany	TATE OR	76. CITIZEN OF WE	HAT COUNTRY?	B MARRI WIDOW	ED NEVER MAR	RIED 9. I	Anne A		CO.	M
10. CATY OR TOWN OF DEATH Annapolis		11. NAME OF HOSPITAL, NURSING HOME, OR OTH (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) Anne Arundel General			HER INSTITUTION 120 USUAL OCCUPATION (TY HOUSEWITE)			(TYPE OF WORK	PPE OF WORK 12b. KIND OF BUSINESS OR INDUSTRY HOUSEhold		
130.	AL RESIDENCE STATE Md	(IF IN NURSING HOME	OR OTHER INSTITUTION, GR	Shady Si		13d. INSIDE CITY LIMITS?	13e. STREET	ADDRESS Steam	boat R	d.	
14. FATHER'S NAME Fritz			Reich ^{LAST}			15. MOTHER'S MAIDEN NAME FIRST UNKNOWN				LAST	
16a.	WAS DECEASE	D EVER IN U.S. AI	1371 0 00 0111			17. INFORMANT		ADD			
,	YES, NO OR UNKNO	(IF TES, GIV		578-07-	-7578	Ruth E.	Lee	Shady	Side,	Marylan	nd
NO	Cause (a) stating the <u>under-lying cause last.</u> DUE TO, OR AS A CONSEQUENCE OF (c) PART 2 ÖTNER SIGNIFICANT CONDITIONS <u>CONTRIBUTING TO OEATH</u> BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a)										
CERTIFICATION	19a. DATE OI	OPERATION	196. CONDITION FOR WHICH OPERATION WAS PERFORMED?							20 AUTOPS	
MEDICAL	21d. INJURY O		21e PLACE (OF INJURY (AT HO TORY, FARM, ETC.)	ME. 211. LO	CATION Street	c	TY OR TOWN		COUNTY	STATE
MEDICAL CERTIFICATION	1	ify that I tack cho	rge of the remains des eral chuses I, Liu HK	Agrident ,	on Autap Suicide	Hamicide Title (SPECIFY) D.D. D. C.	Undeterm	Inquiry D, ined monner [ond in my DAT SIGI		82
220	BLIDIAL CDEMA	TION PEMOVAL	23h DATE	220 NAME C	E CEMETERY C	P CREMATORY	123d LOCA	MON			
	BURIAL, CREMA (SPECIFY) Burial FUNERAL DIREC	CTOR	7-13 82		FCEMETERY C	emetery	23d. LOCA CITY OR 1 Gal	esville	A.A.	CO. MO	STATE



A III of the same and the same of the same ALMAND STRIPE SAND IN THE STREET OF THE STREET STREET, SAND STREET, SA THE RESIDENCE OF THE PROPERTY CHICAGONAE V. CERTAC, M.M. COSESM BURNES, CARLLINE 2 7521

1	FOR STATE REGISTRAR		DEPARTMENT OF HEALTH AND MENTAL HYGIENE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REG. NO.								
	ECEASED NAME PE OR PRINT)	osep.	h Dani	bert Jon	es (AST	- 115		ATE KNOWN OF ESTI- ATH MATED	HTMOM	DAY YEAR	26. HOUR
3. SE	A RACE BLZICK									DAY YEAR 182	YEAR 2d. HOUR
	RTHPLACE (STATE OR TENCOUTENIA		76. CITIZEN OF WHAT COUNTRY? U.S.A. 8. MARRIED NEVER MARRIED 9. BALTIMORE CITY OR COUNTY OF COUNTY O								MD
7	EN BURL	VIE V	11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) ACRET A PLUMBE. LOS PIJE 120. USUAL OCCUPATION (TYPE OF WORK OR INDUSTRY) OR INDUSTRY								
13a.	AL RESIDENCE (IF IN	134 COUNTY	HER INSTITUTION, GI	13 ACTY OF TOWN	19 13d. H	NSIDE CITY LIMITS?	130 STREET AL	Matth	newsto	own Rd	•
14. F	ATHER'S NAME FIRST	MI	IDDLE	LAST	15. A	AOTHER'S MAIDE FIRST	NAME	MIDDLE	100	tast	
16a. (WAS DECEASED EVE SE DE UNKNOWN)	ER IN U.S. ARMED		217-16-94		ernie J	Tohnson	1323		at Ave.	
NO	Canditions, if gave rise to cause (a) statilying cause la	a immediate ing the <u>under</u> - st.	(b)DUE TO, OR	AS A CONSEQUENCE OF	DF.	INDITION GIVEN IN PAI	RT 1 (a),			gns	
CERTIFICATION	19a. DATE OF OPE	RATION	196. CONDITION FOR WHICH OPERATION WAS PERFORMED?							20. AUTOPSY	Y?
21201 PRIOR TO BURJA MEDICAL CERTIF	210 EXTERNAL CA UNDERLYING CONTRIBUTING	OR CAUSE OF DEA	TH P.M	L. MONTH DAY YEAR	21c. HOW IN	JURY OCCURRE	D (ENTER NATURE (OF INJURY IN ITEM	18 PART I OR PA		NOS
		JRRED OT WHILE WORK	21e. PLACE (STREET, FACT	OF INJURY (AT HOME, TORY, FARM, ETC.)	211. LOCATIO STREET	М	СПУС	OR TOWN	co	UNTY	STATE
	22a. I certify the death resulted from ACTUAL SIGNATURE	-	the remains des	Accident , Sui		nspection Hamicide , TLE (SPECIFY)	Undetermine	d manner	and in my ap , DATE SIGNE	oinian	-82
Section 2	EXAMINER'S NAM (TYPE OR PRINT)	1-1-11	NHAI	ed+	ADDR		13/101	15-	MS		
li	BURIAL, CREMATION SPECIFY BU UNERAL DIRECTOR	7-	-27-8	2 Meadon	oricle	Cem.	23d. LOCATION CITY OF TOWN	5 /+	COUP	Mary	and
1	- MILES INCOME				1 300	ZJE DATER	CLU. DI REGIS	11KWK 1139. KE	COUNTY 3 3	IN INTER	



the fight a part of the last and the state of 五月4日 1 3 4 7 HELELOTH TOTAL PROPERTY STORES WE SHE Service Services of the service of t

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME CHRISTOPHER JOSEPH TYPE OR PRINTS MORAN WHITE 3 SEX AGE (IN YEARS LAST BIRTHDAY) MALE 76 CITIZEN OF WHAT COUNTRY BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED WASHING TON DC 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 126 KIND OF BUSINESS OR CROWNSVILLE HESTP. CENTER Arg (TYPE OF WORK FOR MOST OF WORKING LIFE) CROWNSVILLE STATEL MARYLAND 2120 13d. INSIDE GITY LIMITS? 13e STREET ADDRESS Brinrwood BOX 15 MOTHER'S MAIDEN NAME MORAN Lillian DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, ADDRESS 17 INFORMANT An WAS DECEASED EVER IN U.S. ARMED FORCES 166 SOCIAL SECURITY NO. YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) (YES, NO OR UNKNOWN) 215 - 48-7363 Edward D. Moran same as 13 18 CAUSE OF DEATH Enter only one couse per line for ion, ib and ic PART I. DEATH WAS CAUSED BY: APPROXIMATE INTERVAL FAILURE IMMEDIATE CAUSE to DUE TO, OR AS A CONSEQUENCE OF CHRONIC LUNG DISEASE Conditions, if ony, which CONSEQUENCE OF Organic Brain Syndrome gove rise to immediate couse (o) stating the Arteriosce 180tic Demantia underlying couse lost. 0 ā PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 100 CERTIFICATION 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 20b. IF YES, WERE FINDINGS USED à. IN CERTIFYING CAUSES OF DEATH? per NOF NO [sho Mental Hygin 21a. ACCIDENT WAS UNDERLYING 716. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) 00 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER, NOTIFY MEDICAL EXAMINER) 21d INJURY OCCURRED 50 21e PLACE OF INJURY 21f LOCATION (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) CITY OR TOWN COUNTY STATE AT WORK 220.1 certify that M (this hospital) attended the deceased from 2. and that in (my) (our) opinion death accurred on the date and hour and from the causes stated sow the deceased alive on above, (1) (we) (did) (did not) wew the body after death. 22b. SIGNATURE DEGREE ATTENDING MEDICAL should be deta with the State [DIRECTOR PHYSICIAN PHYSICIAN MPORTANT 22e. ADDRESS HOSP. Center_Crownso, BORKHATARA-ND CYDWINCVILL 230 BURIAL, CREMATION, REMOVAL 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION Burial 7-28-82 St. Joseph's Cem. Pomfret Charles BP. 250 DE REC DI BY DHMH - 16 60M 1/75 FUNERAL HOME WALDERF, MD (VR A 15 (4))

L. A. Marie Land Control of Manage Control of the Land . Area Translate THE RESERVE TO THE PARTY OF THE .d metffil LI as a me named .u Braubi Gurini 7-28-82 ot. unegeh's Len. Pontret, Charles, Id. HOWET FOR CORATEONE WHOCKE MD WILL SEE

25 HOUR 54 IF UNDER I YEAR

12b. KIND OF BUSINESS OR

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

INDUSTRY

20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES [NO []

COUNTY

22c. DATE SIGNED

STATE

STATE OF MARYLAND

CERTIFICATE OF DEATH

DEPARTMENT OF HEALTH AND MENTAL HYGIENE 👂

DHMH - 16 50M 1/B1 (VRA 15, 4)

FOR

REGISTRAR

- STATE

A Laborated Branch Laborated Address Smoth and THE AREST WAS ESSENCE AS JUST DOUBLE OF STREET The multiple of the superior and the superior Little Still Aller and and professional and object of the little and ob

				STATE OF MARYLAND	ath a h	
DI	FOR - STATE REGISTRAR		DEPAR	TMENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH		1691
	DECEASED NAME	FIRST	MIDDLE	LAST	REG. NO.	H DAY YEAR 26 HOU
(1	YPE OR PRINT)	HELEN	HLLIAN	MASTERMAN	7	
3. 3	SEX		1. RACE	5. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER I YEAR IF UNDER
	FEMALE		CAY	MONTH DAY YEAR	86	YRS DAYS HOURS
70.	BIRTHPLACE (STATE COUNTRY)	OR FOREIGN	76 CITIZEN OF WHAT COUNTRY	Y? 8. MARRIED NEVER MARRIED	9 BALTIMORE CITY OR CO	UNTY OF DEATH
	CITY OR TOWN OF	NE ATU	USA	WIDOWED DIVORCED DIVORCED	HOUSE HKOULD	
10		CAIN	(IF NOT IN SUCH FACILITY, GIVE STRE	ET ADDRESS)	120 USUAL OCCUPATION 1 YPE OF WORK FOR MOST OF WORL	126 KIND OF BUSINE INDUSTRY
and US	UAL RESIDENCE (IF N	URSING HOME OR	PROFTON CONV.	ORE ADMISSION)	Thousewife	
h	STATE	13b COUN	ARUNGEL ANGOOL		13e. STREET ADDRESS	Street
	FATHER'S NAME			15 MOTHER'S MAIDEN N	TOI GIEDMOOD	SIREE
4	HEORY		OROR LAST	LORE HA?	MADLE	FOICE
160	WAS DECEASED EV		MED FORCES? 166 SOCIAL SEG	CURITY NO. 17. INFORMANT	ADDRESS	
	- NO		186-12-	-8869ANOHN M M	JUSTER-MAN L	loudsonville Y
	18 CAUSE OF DE PART I. DEATH	ATH (Enter onl	y one cause per line for (a), (b), (1 . 1/ / 6	= .(.	BETWEEN ONSET AND
	11114	IMMEDIATI	CAUSE (a)	estive Heart	alune	6 mo.
10	Conditions, if a	ny which	DUE TO, OR AS A CONSEC	PMIC HOENT D	150000	12 m
	gave rise to	immediate	10)		Score	12.50
	underlying co		DUE TO, OR AS A CONSEQ	OENCE OF		
7	PART 2 OTHER S	GNIFICANT C	ONDITIONS CONTRIBUTING TO	DEATH BUT NOT RELATED TO THE TER	MINAL DISEASE OR CONDITION	N GIVEN IN PART 1(a)
CERTIFICATION	19a DATE OF OPE	RONIE	Diens 5		Lea AUTORSV2	NEWES AMERICAN AND AND AND AND AND AND AND AND AND A
) F	174 DATE OF OPE	KATION	176. CONDITION FOR WAIG	OPERATION WAS PERFORMED	INC	IF YES, WERE FINDINGS USED ERTIFYING CAUSES OF DEAT
	21a. ACCIDENT WAS	UNDERLYING	21b. TIME OF INJURY	21c. HOW INJURY OCCUP	RRED (ENTER NATURE OF INJURY IN ITE	YES NO
			HOUR A.M. MONTH	DAY YEAR		
MEDICAL	21d INJURY OCC		21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE	211 LOCATION	CITY OR LOWN	COUNTY 51
>	MUITE NOI	WHILE	(ATTIONE, STREET, FACTORY OFFICE	, PARM, ETC.)		
			30 Jun 19	C 7	the state of the s	, 19, that (I) (w
	obove, (I) (was	ased olive an	view the body after death.		death occurred on the date an	
	176. SIGNATURE	m	1	DEGREE ATTENDING	MEDICAL STAFF _	11 Tul 8
	22d PHYSICIAN'S	NAME (TYPE OR	PRINT)	PHYSICIAN 22e ADDRESS	DIRECTOR PHYSICIAN	11000
	H.L.	MUNC	ie JR mp	326 /40	wood Dx Seu	reina Park M.
230	BURIAL, CREMATIO	N, REMOVAL		NAME OF CEMETERY OR CREMITORY	23d LOCATION	
	BUCIA		7-20-82	A MARUS	ANNADOI-	S COUNTY ST
24	FUNERAL DIRECTOR	at	ADDRESS	25a DA	TE REC'D. BY REGISTIAR 256	CISTRAR'S SIGNATURE
F	ARDE	15-12	HUNSED HOME	12 Brogely Aug. J	UL 20 1982 4	lance for long

TENNER OF THE PROPERTY OF THE PARTY OF THE P THE RESERVE OF THE PROPERTY OF THE PARTY OF MANTER DE LES SON CONTRACTOR DE SON CONTRACTOR DE LA PROPERTIENT

ADDRESS Glen Burnie

Singleton Funeral Home

FOR

DHMH - 16 50M 1/76

(VR A 15 (4))

STATE OF MARYLAND

. . DARKER, E. CERREN THE BRIDE WAS ASSESSED. LATE WAS GREATLY REPORTED BELLIOUS MADE

STATE OF MARIEMINE	STATE	OF	MARYLAND
--------------------	-------	----	----------

DEPARTMENT OF HEALTH AND MENTAL HYCICUS

DATE OF DEATH

- STATE REGISTRAR		CERTIFICATE OF DEATH				
1. DECEASED NAME	FIRST	MIDDLE	LAST	2a. C		
24	RICHARD	wallace	e PAGE			
3. SEX	4 RACE		5. DATE OF BIRTH	6 AC		

JULY 29, 1982 6 AGE (IN YEARS LAST BIRTHDAY) 61

MONTH

10:45A IF UNDER 1 YEAR IF UNDER 24 HRS

Male Caucasian To BIRTHPLACE I STATE ON FOREIGN 7b. CITIZEN OF WHAT COUNTRY? COUNTRY

JOUAL RESIDENCE LIF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE REFORE ADMISSION

MIDDLE

2, 1920 MARRIED X NEVER MARRIED

9 BALTIMORE CITY OR COUNTY OF DEATH

USA WIDOWED DIVORCED [NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION

Oct.

ANNE ARUNDEL COUNTY

126 KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE)

GLEN BURNIE

(IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) NORTH ARUNDEL HOSPITAL

Sprinkler Salesman 13e STREET ADDRESS St. John Drive 21401

Marvland 14 FATHER'S NAME FIRST

13a. STATE

Mass.

10 CITY OR TOWN OF DEATH

Annapolis LAST Page

FIRST Doris 17 INFORMANT

15 MOTHER'S MAIDEN NAME

Jones

160 WAS DECEASED EVER IN U.S. ARMED FORCES? (YES, NO OR UNKNOWN)

Kenneth

166 SOCIAL SECURITY NO (IF YES, GIVE WAR OR DATES)

009-03-7214

Mrs. Jean B. Page

	ly one couse per line for (o), (b) and (cs.)	BETWEEN ONSET AND DE
IMMEDIAT	ECAUSE (0) lardlac arrest	
4140	DUE TO, OR AS A CONSEQUENCE OF	
Conditions, if ony, which	DUE TO, OR AS A CONSEQUENCE OF Block Complete	
gove rise to immediate couse (0), stating the	DUE TO, OR AS A CONSEQUENCE OF A	
underlying cause last	DUE TO, OR AS A CONSEQUENCE OF ETTOLICE ALAST Alblase	

190 DATE OF OPERATION

repalle arrhizes a failure 196 CONDITION FOR WHICH OPERATION WAS PERFORMED

200 AUTOPSY? 20h. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO [

210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

216 TIME OF INJURY HOUR A.M. MONTH DAY YEAR (IF EITHER NOTIFY MEDICAL EXAMINER) P.M 21e. PLACE OF INJURY

21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART 2)

21d INJURY OCCURRED NOT WHILE

(AT HOME STREET FACTORY OFFICE, FARM, ETC.)

CITY OR TOWN COUNTY

and that in (my) (our) apinion death accurred on the date and hour and from the causes stated

EMPIRE TOWERS

220 I certify that (1) (this hospital) offended the deceased from sow the deceased alive on about (I) wer (did) (did not) view the body after deat 726 SIGIFFATURE

ATTENDING

MEDICAL DIRECTOR PHYSICIAN 22c. DATE SIGNED

STATE

THE PHYSICIAN'S NAME (TYPE OF PRINT)

JAMES J. BENJAMIN, M.D.

22e. ADDRESS

23c. NAME OF CEMETERY OR CREMATORY

Security Process

211 LOCATION

BURNIE, MARYLAND 21061 23d, LOCATION

BP. Cremation DHMH - 16 50M 1/81

MPORTANT

(VRA 15, 4)

CERTIFICATION

MEDICAL

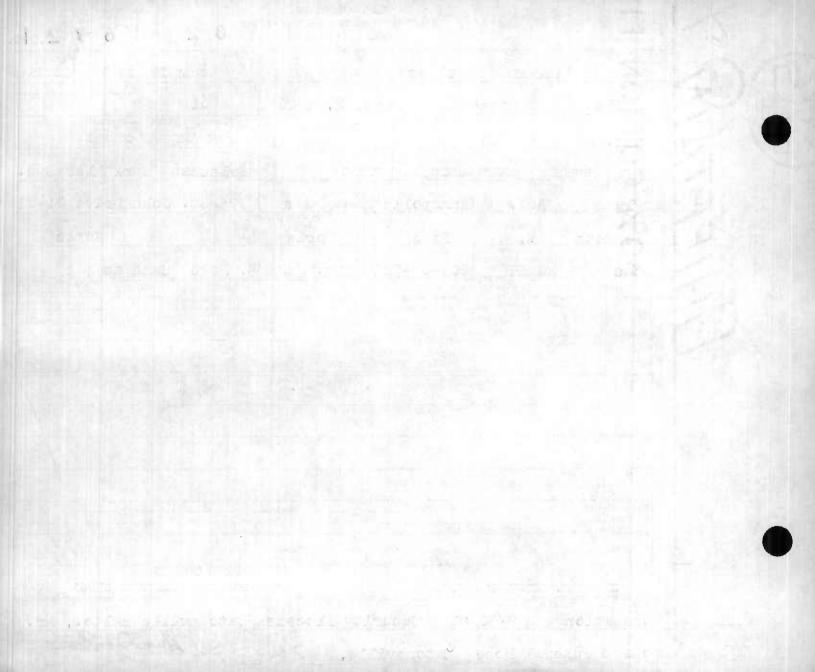
23a BURIAL, CREMATION, REMOVAL

MacNabb Funeral Home

23b. DATE

Catonsville, Md.

Catonsville Balto..



	1/				STAT	OF MARYL	AND				
9	1.	FOR STATE REGISTRAR		DEPAR		EALTH AND	MENTAL HYO DEATH	SIENE 8	REG. NO.	116	1 2 _{EDT} 2
-		CEASED NAME FIRST	7.134	MIDDLE		AST		2a. DATE OF	HINOM HTAS	DAY YEAR	2b. HOUR
		JOSEPH		R	PAK	ULSKI	N		JUL		
1	3. SE		4 RACE		S. DATE C	FBIRTH	YEAR	6 AGE (INYE	ARS LAST BIRTHDAY)	MONTHS DAYS	R IF UNDER 24 HRS
1		Male	M	hite	11	11	29	52	YI	RS DATE	MIN.
35		RTHPLACE (STATE OR FOREIGN COUNTRY) Saryland	76 CITIZEN OF	A.	Y? 8. MARRIEI WIDOWE	_	MARRIED			L COUNTY	MD.
Posit of		GLEN BURNIE	11. NAME OF	HOSPITAL, NURS CHEACILITY, GIVE STRE	SING HOME C	R OTHER INS	NOITUTIT	120 USUAL O		12b. KIND	Maties al
ags 5	13a. :	AL RESIDENCE (IF NURSING HOME TATE 13b. CO	OR OTHER INSTITUTION	GIVE RESIDENCE BEFORE 13c. CITY OR TO Pasade	ORE ADMISSION)	13d INSIDE (NO 🖳		DDRESS h Street	t 21122	
20	14. F/	ATHER'S NAME Adam	WIDDIE		ulski		s MAIDEN NA FIRST Frances		WIDDLE		AST Novak
medico	16a \	VAS DECEASED EVER IN U.S YES NO OR UNKNOWN) (IF YES,	ARMED FORCES? GIVE WAR OR DATES) Orean	166 SOCIAL SEC 212-26-		17. INFORM		akulski	ADDRESS 574 6th	h Street	21122
	NO	Conditions, if ony, which gove rise to immediate couse (o), stating the underlying couse lost. PART 2. OTHER SIGNIFICAN	(b) DUE TO, (c)	OR AS A CONSECUTION OF AS	my o	CON TRELATED		infares	OR CONDITION	I GIVEN IN PART 1	24 enly
18 shows ony	CERTIFICATION	190 DATE OF OPERATION	19b CONE	DITION FOR WHIC	CH OPERATIO	N WAS PERFO	DRMED	200 AUTO	NO 20h. IF	FYES, WERE FIND ERTIFYING CAUSE YES	INGS USED S OF DEATH?
Hem 18 st		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF	DEATH HOUR A	OF INJURY A.M. MONTH	DAY YEAR	21c. HOW IN	NJURY OCCUR	RED (ENTERNATI	JRE OF INJURY IN ITEA	A TS PART I OR PART 2}	
morked of I	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE	OF INJURY TREET, FACTORY, OFFIC		211. LOCATI STREE			CITY OR TOWN	COUNTY	STATE
em Z i is ma		220.1 certify that (1) (this had sow the deceased alive above, (1) (we) (did) (did 22b. SIGNATURE	on 7-23	19	, or	d that in (my)	19 8 2) (our) opinion	. 10	on the date and	hour and from the	e couses stated
IMPORTANT: If IF		×	Men (most	no				STAFF PHYSICIAN	7-2	482
MPORTANI		DOH, SANG C		1		22e ADDRES	JJ A	QUAHART BURNIE	ROAD MARYLA	ND 2106	1
3	23a.	BURIAL, CREMATION, REMOV.	7/26	10-	NAME OF C		CREMATORY	23d. LOCAT		Balt ime	96-1844.
A 4/82 4)		uneral director bbard Funeral	Home, I	ADDRESS	212	229		E REC'D BY RE	82 7 3 B	SIST	TURE

Name to the second seco

2 2 4 6 1 2 2 3 401 26 C 7 2 32 10 P Stog Markey Dr. Branch Bernell Barrier CORNELL EN OF MICHEMARIES 1816/215/25/25 (2) 405 CHECKER (STERE) C C C 113 15 Men C 32 John 2 30 C GENERAL STRUMENTS DES CIRCLES MET MULLES THE SAME STORY TO SEE THE WAR THE STORY OF THE SAME STORY OF THE S

4	1 -	FOR STATE REGISTRAR	DEPAR	TMENT OF	E OF MARYLAND HEALTH AND MENTAL HYG FICATE OF DEATH	IENE 8 2	1 6	9	2.4 EDT
11		CEASED NAME FIRST	WIDDLE		LAST	20 DATE OF DEATH	MONTH DAY	YEAR	26. HOUR
	1116	CHAR	RLES ARTHUR	P	ERKINS Sr.	JULY 12,	1982		9:45 M
3	. SE	(4 RACE	5. DATE		6. AGE (IN YEARS LAST BIR	THDAY) IF U	INDER I YEAR	
		Male	White	Jan	00 1000	60	YRS.	THS DAYS	HOURS MIN.
7		RTHPLACE (STATE OR FOREIGN	16 CITIZEN OF WHAT COUNTRY	? 8	NEVER MARRIED	9 BALTIMORE CITY O	R COUNTY OF	DEATH	
2		ndiana	U.S.A.	WIDOW		ANNE ARU	NDEL C	COUNT	Y MD.
4		EN BURNIE	11. NAME OF HOSPITAL, NURS (IF NOT IN SUCH FACILITY, GIVE STREI NORTH ARUN	ET ADDRESS)		12a. USUAL OCCUPATION OF WORK FOR MOST OF WORK FOR	ON OF WORKING LIFE)		CIVII
5	Ma Ma	ryland A	or other institution give residence before UNITY 130. CITY OR TO Hanove	WN	13d. INSIDE CITY LIMITS? YES NO 🔼	7394 Far	South grove	Cour	t
2 1	4 FA	THER'S NAME FIRST	MIDDLE LAST		15. MOTHER'S MAIDEN NAM			1.4	ST.
The second		Kelsie	Per	cins	Martha	F.		Ha	11
10			GIVE WAR OR DATES)		Mrs. Doro		Dam	e as	# 13
	166	Conditions, if ony, which gove rise to immediate couse (0), stating the underlying couse lost.	DUE TO, OR AS A CONSEQUENCE OF THE CONSEQUENCE OF THE CONDITIONS CONTRIBUTING TO	JENCE OF	Sustainey NOT RELATED TO THE TERM	MAL DISEASE OR CONI	DITION GIVEN	IN PART 1	0)
	S		derresse	122,	It wellows	ux			
7	CERTIFICATION	190 DATE OF OPERATION	19b. CONDITION FOR WHIC	H OPERATIO	N WAS PERFORMED	200 AUTOPSY? YES NO	20b. IF YES, W IN CERTIFYIN YES		
-00	- 1	2)a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D (IF EITHER NOTIFY MEDICAL EXAMIN	DEATH HOUR A.M. MONTH	DAY YEAR	21c HOW INJURY OCCURR	ED (ENTER NATURE OF INJUR	Y IN ITEM 18 PART	ORPART 2)	
/	MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE	FARM, ETC)	211 LOCATION STREET	CITY OR TO	WN	COUNTY	STATE
		sow the deceased alive obove, (V) (we) (did) (did)	spital) attended the deceased from 19_ not view the body after death.		nd that in (my) (our) opinion o	. 10	te and hour an	d from the	
	4	226 SIGNATURE	- H/Siz	Du	DEGREE ATJENDING PHYSICIAN	MEDICAL STAF	F IAN []	7-12	2-82
/	į,	JAMES J. E	/ /		GLEN BURNI	RITCHIE E. MARYLA		4	517
7	30. B	URIAL, CREMATION, REMOVA	15 July 82	NAME OF C		23d. LOCATION CITY OR TOWN	C	YINUC	STATE

Glen Burnie, 250. DATE

Maryland

DHMH - 16 50M 1/B1 (VRA 15, 4) 24 FUNERAL DIRECTOR FUNERAL HOME

The second of the court of the court was to URISS U. EUNUALU, J.I. CIST CONTRA ANTONIO ETER 13 932 Mars Van Phone

the ottending physician and completely filled in by the funeral a remove carbonpapers. Pages 1 and 2 should be filed within 72 h

TO FUNERAL DIRECTOR. After this certificate has been signed by the ottending physici should be detached for use as the burial-transit permit. Then please remove carbon paper with the State Dept. of Health and Mental Hygiene priar ta burial, cremation, ar remaval.

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	ECEASED NAME PE OR PRINT)	FIRST		MIDDLE	U	AST	20 DATE OF DEATH	MONTH	DAY YEAR	26 HOUR
		atrici	W	P		yser	1	100	195	18-
3. SE	EX		4 RACE		5 DATE O		6 AGE (IN YEARS LAST BI	RTHDAY)	MONTHS DAYS	HOURS
	Female		White		Nov.	1, 1912 FAR	69	YRS.	DA13	HOURS
70 B	COUNTRY)	RFOREIGN	76 CITIZEN OF	WHAT COUNTRY?	8	NEVER MARRIED	9 BALTIMORE CITY		OFDEATH	
	Scotland		U.S.A.		WIDOWE		Anne A	runde	1	
	ITY OR TOWN OF DE	ATH		HOSPITAL, NURSIN	G HOME O	R OTHER INSTITUTION	12a USUAL OCCUPAT	ION	12h KIND	OF BUSINES
	Davidsonvi	lle	2909	Johnson	Drive		(TYPE OF WORK FOR MOST	-		
USU	AL RESIDENCE (IF NUE	1					Homema	uker	Hon	ile
13a.	STATE	131 COUN	VIY	Bethesd	N I	13d. INSIDE CITY LIMITS?	13e STREET ADDRESS		man n.	
	Maryland ATHER'S NAME	mont	gomery	Dechesu	a.	YES NO		OOKS	Hill Re	oaa
10.17	FIRST		MIDDLE	LAST		15. MOTHER'S MAIDEN NA/	WE		L	AST
1	George		A.	Pitche		Lucinda	400 400			Wan
16a V	WAS DECEASED EVEL		MED FORCES?	166 SOCIAL SECU	RITY NO.	17. INFORMANT	ADDR	ESS 290	9 Johns	son Dr
	(YES, NO OR UNKNOWN)	(# 123, 01)		102-10-	9744	Patrick P. P.	eyser	Dav	idsonvi	lle.
	18 CAUSE OF DEA	TH (Enter or	nly one couse per	fine for (a), (b), and	d rd 1	0 0	Λ			XIMATE INTERVA
	PART I. DEATH	WAS CAUSE	D BY:	Annia	VIDAA	At enothers	Kun			ONSET AND DE
	1537	IMMEDIA	TE CAUSE (0)	Critalico	mode	A A	and,			
			DUE TO, O	RAS A CONSEQUE	NCE OF	1111				
			/	BA-TA IL	ALI PY	A V.				
	Conditions, if on		(b)_	MEMA	die	Millin				
	gove rise to im couse (o), state	imediote	(b) DUE TO, O	R SA CONSEQUE	ENCEON	(de)				
	gove rise to im couse (0), state underlying cous	mediate ing the e lost	(c)	bartes	C -	Glan				
z	gove rise to im couse (0), state underlying cous	mediate ing the e lost	(c)	bartes	C -	Glan NOT RELATED TO THE TERM	INAL DISEASE OR CON	IDITION GIV	EN IN PART I	(0
TION	gove rise to im couse (o), stati underlying cous	mediote ing the e lost GNIFICANT ((c) CONDITIONS <u>C</u>	ONTRIBUTING TO D	DEATH BUT I					
ICATION	gove rise to im couse (0), state underlying cous	mediote ing the e lost GNIFICANT ((c) CONDITIONS <u>C</u>	ONTRIBUTING TO D	DEATH BUT I	MULLU GLOV NOT RELATED TO THE TERM WAS PERFORMED	INAL DISEASE OR CON 200 AUTOPSY?	20b. 1F YES	S, WERE FIND	NGS USED
RTIFICATION	gove rise to im couse (o), stati underlying cous	mediote ing the e lost GNIFICANT ((c) CONDITIONS <u>C</u>	ONTRIBUTING TO D	DEATH BUT I			20b. 1F YES		NGS USED
CERTIFICATION	gove rise to im couse (o), stati underlying cous PART 2 OTHER SIG	mediate ing the e lost	(c) (c) (D) (D) (D) (D) (D) (D) (D) (D) (D) (D	ITION FOR WHICH	DEATH BUT I		280 AUTOPSY? YES NO X	20b. 1F YES IN CERTIF	S, WERE FINDS	INGS USED S OF DEATH
	gove rise to im couse (o), stati underlying cous PART 2 OTHER SIG 19a DATE OF OPERA 21a. ACCIDENT WAS UN OR CONTRIBUTING	ATION DERLYING CAUSE OF DEA	19b CONDITIONS CONDITI	ITION FOR WHICH OF INJURY M. MONTH DA	OPERATION AY YEAR	N WAS PERFORMED	280 AUTOPSY? YES NO X	20b. 1F YES IN CERTIF	S, WERE FINDS	INGS USED S OF DEATH
	gove rise to im couse (o), stati underlying cous PART 2 OTHER SIG	ATION ADERLYING CAUSE OF DEA	19b. CONDITIONS CONDIT	DITRIBUTING TO E ITION FOR WHICH OF INJURY M. MONTH DA M. OF INJURY	OPERATION AY YEAR 19	N WAS PERFORMED 21c. HOW INJURY OCCURR 21f. LOCATION	YES NO X	20b. IF YES IN CERTIF YE	S, WERE FINDI YING CAUSE S PART I OR PART 2)	NGS USED S OF DEATH NO
MEDICAL CERTIFICATION	PART 2 OTHER SIG	ATION DERLYING CAUSE OF DEA RED WHILE	19b. CONDITIONS CONDIT	ITION FOR WHICH OF INJURY M. MONTH DA M.	OPERATION AY YEAR 19	N WAS PERFORMED	280 AUTOPSY? YES NO X	20b. IF YES IN CERTIF YE	S, WERE FINDS	INGS USED S OF DEATH
	PART 2 OTHER SIG	INTELLATION ATION ATION ATION ATION CAUSE OF DEAL CAUSE OF D	19b. CONDITIONS CONDIT	DITRIBUTING TO E ITION FOR WHICH OF INJURY M. MONTH DA M. OF INJURY REET, FACTORY, OFFICE, FACTORY, OF	OPERATION AY YEAR 19	N WAS PERFORMED 21c. HOW INJURY OCCURR 21f. LOCATION	YES NO X	20b. IF YES IN CERTIF YE	S, WERE FINDI YING CAUSE S PART I OR PART 2)	NGS USED S OF DEATH' NO
	PART 2 OTHER SIG	INTELLANT (ATION ATIO	19b. CONDITIONS CONDIT	DITRIBUTING TO E ITION FOR WHICH OF INJURY M. MONTH DA M. OF INJURY REET, FACTORY, OFFICE, FACTORY, OFFICE, FACTORY	OPERATION AY YEAR 19 ARM. ETC.)	216. HOW INJURY OCCURR 216 LOCATION STREET	200 AUTOPSY? YES NO XX EED (ENTER NATURE OF INJUSTICAL CITY OR TO	20b. IF YES IN CERTIFY YE YES	S, WERE FIND: YING CAUSE: S ART LOR PART 2) COUNTY	NGS USED S OF DEATH' NO
	PART 2 OTHER SIG	INTELLANT (ATION ATIO	19b. CONDITIONS CONDIT	DITRIBUTING TO E ITION FOR WHICH OF INJURY M. MONTH DA M. OF INJURY REET, FACTORY, OFFICE, FACTORY, OFFICE, FACTORY	OPERATION AY YEAR 19 ARM. ETC.)	21t. HOW INJURY OCCURR 21t LOCATION STREET	200 AUTOPSY? YES NO XX EED (ENTER NATURE OF INJUSTICAL CITY OR TO	20b. IF YES IN CERTIFY YE YES	county	NGS USED S OF DEATH NO STA
	PART 2 OTHER SIG	INTELLANT (ATION ATIO	19b. CONDITIONS CONDIT	DITRIBUTING TO E ITION FOR WHICH OF INJURY M. MONTH DA M. OF INJURY REET, FACTORY, OFFICE, FACTORY, OFFICE, FACTORY	OPERATION AY YEAR 19 ARM. ETC.)	216. HOW INJURY OCCURR 216 LOCATION STREET 219 d That in (my) (our) aprinian of	YES NO WED (ENTER NATURE OF INJUSTION OF IC	20b. IF YES IN CERTIFY YE YES	county	NGS USED S OF DEATH' NO
	gove rise to im couse (a), statu underlying cous PART 2 OTHER SIG 190 DATE OF OPERA 210. ACCIDENT WAS UN OR CONTRIBUTING [IF EITHER NOTIFY MED 21d. INJURY OCCUR WHILE AT WORK IN ALL WAS 220. 1 that (1) 22b. 5 The TLE	IMEDIONE ATION ATION ADERLYING CAUSE OF DEA CAUSE OF DEA CHILE DORK (did) (did no	21b. TIME COND 21b. TIME COND 21c. PLACE (AT HOME, STI	DITRIBUTING TO E ITION FOR WHICH OF INJURY M. MONTH DA M. OF INJURY REET, FACTORY, OFFICE, FACTORY, OFFICE, FACTORY	OPERATION AY YEAR 19 ARM. ETC.)	216. HOW INJURY OCCURR 216 LOCATION STREET 19 d That in (my) (our) apraion of	200 AUTOPSY? YES NO XX EED (ENTER NATURE OF INJUSTICAL CITY OR TO	20b. 1F YES IN CERTIFY YE SHY IN ITEM 1B POWN	county	NGS USED S OF DEATH NO STA
	PART 2 OTHER SIG	IMEDIONE ATION ATION ADERLYING CAUSE OF DEA CAUSE OF DEA CHILE DORK (did) (did no	21b. TIME COND 21b. TIME COND 21c. PLACE (AT HOME, STI	DITRIBUTING TO E ITION FOR WHICH OF INJURY M. MONTH DA M. OF INJURY REET, FACTORY, OFFICE, FACTORY, OFFICE, FACTORY	OPERATION AY YEAR 19 ARM. ETC.)	216. HOW INJURY OCCURR 216 LOCATION STREET 19 d That in (my) (our) apraion of	200 AUTOPSY? YES NO TO THE CONTROL OF INJURED (ENTER NATURE OF INJURED) CITY OR TO THE CONTROL OF THE CONTROL OF THE CONTROL STA	20b. 1F YES IN CERTIFY YE SHY IN ITEM 1B POWN	county	NGS USED S OF DEATH NO STA
	gove rise to im couse (a), stati underlying cous PART 2 OTHER SIG 19a DATE OF OPERA 21a. ACCIDENT WAS UN OR CONTRIBUTING [IF EITHER NOTIFY MED 21d. IN JURY OCCUR WHILE WHILE 22a. I that (I	ATION AT	21b. TIME COND 21b. TIME COND 21c. PLACE (AT HOME, STI	DITRIBUTING TO E ITION FOR WHICH OF INJURY M. MONTH DA M. OF INJURY REET, FACTORY, OFFICE, FACTORY, OFFICE, FACTORY	OPERATION AY YEAR 19 ARM. ETC.)	216. HOW INJURY OCCURR 216 LOCATION STREET 2 19 d that in (my) (our) aprinion of PHYSICIAN	200 AUTOPSY? YES NO TO THE CONTROL OF INJURED (ENTER NATURE OF INJURED) CITY OR TO THE CONTROL OF THE CONTROL OF THE CONTROL STA	20b. 1F YES IN CERTIFY YE SHY IN ITEM 1B POWN	county	NGS USED S OF DEATH NO STA
MEDICAL	PART 2 OTHER SIG	ATION AT	(c)	ONTRIBUTING TO E ITION FOR WHICH OF INJURY M. MONTH DA M. OF INJURY REET, FACTORY, OFFICE, FA Offer conth	OPERATION AY YEAR 19 ARM, ETC.) DR	216. HOW INJURY OCCURR 216. HOW INJURY OCCURR 216 LOCATION STREET 19 d That in (my) (our) apraion of the physician of the physican of the physician of the physician of the physician of the phy	200 AUTOPSY? YES NO TO THE CONTROL OF INJURED (ENTER NATURE OF INJURED) CITY OR TO THE CONTROL OF THE CONTROL OF THE CONTROL STA	20b. 1F YES IN CERTIFY YE SHY IN ITEM 1B POWN	county	NGS USED S OF DEATH NO STA
WEDICAL MEDICAL	gove rise to im couse (a), stati underlying cous PART 2 OTHER SIG 19a DATE OF OPERA 21a. ACCIDENT WAS UN OR CONTRIBUTING [IF EITHER NOTIFY MED 21d. IN JURY OCCUR WHILE WHILE 22a. I that (I	ATION AT	21b. TIME COND 21b. TIME COND 21c. PLACE (AT HOME, STI	ONTRIBUTING TO E ITION FOR WHICH OF INJURY M. MONTH DA M. OF INJURY REET, FACTORY, OFFICE, FA Office conth Control 123(. N.	OPERATION AY YEAR 19 ARM. ETC.) DAME OF CE	216. HOW INJURY OCCURR 216 LOCATION STREET 2 19 d that in (my) (our) aprinion of PHYSICIAN	200 AUTOPSY? YES NO NO NO CITY OR TO CITY OR TO MEDICAL STA DIRECTOR PHYSIC 23d LOCATION	20b. IF YES IN CERTIF YE DIRY IN ITEM IB P	COUNTY 19 22t. DA)E	STA that (I) (we couses state SIGNED

DHMH-16 50M 1/B1 (VRA 15, 4)

BP.

\$81 57 (e4) Trull 4	rearies	ricie	joi
(6)	Nov. 1, 1912	*# Life	ofice!
Lebhrol enn	Figure 2	.4.8.3	bunItas
Long Walter	n Drive	e PSUS Johnson	Livacebivat
See Total name Pess	andan la mban	dentendery i Bethe	bno_Lvgoid
newsoil	ther uclass	odže.	684060
2009 Johnson Dresser Description Dresser Care Description Dresser Description Dresser Dresse	A. R. No. Project A. P.	-CO.	DII.
	at post of the	anti)	
	(de 6)		
	and the factor		
45 1/54V		是 B/ 计下的	
Nack Hard	L. Mu	A Sale State	
TO THE DWG WAY OF THE	A STATE AL VA	NE STA	1227
onsigns, allyment .co	Same and Same and	5839030	Laire



n and campletely filled in by the funeral director, page 3 Pages 1 and 2 should be filed within 72 haurs after death

After this certificate has been signed by the attending physicial eas the burial-transit permit. Then please remave carban papers.

should be detached far use as the burial-transit permit. Then please remave carbanpape with the State Dept. af Health and Mental Hygiene prior to burial, cremation, ar remaval

O HOSPITAL OR ATTENDING PHYSICIAN: The law

STATE OF MARYLAND FOR STATE REGISTRAR

HUBBARD FUNERAL HOME, INC. 4107 WILKENS AVE.

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

	2	1	6	9	2	
,	4Pant	6	0		Size.	
	REG. NO.		35			

250. DATE REC'D. BY REGISTRAR 256 RESTRAR'S STENATURE AUG - 2 1982 France

									REG. NO.					
	EASED NAME	FIRS1	N	AIDDLE	LA	51	1	20 DATE OF	DEATH MO	NIH [DAY	YEAR	2b. HOL	JR
, , , ,	ON TREET,	LOUIS		F.	PTLI	SBURY	JR.	7	(7 3	30	82	11-	EP
3. SEX			RACE		5. DATE O		0	6 AGE (IN YE				RIYEAR	IF UNDER	24 HR
M	ALE		WHI	TE	05	2.7°	2 T		61		MONIHS	DAYS	HOURS	MII
7a BIR	THPLACE ISTATE O	R FOREIGN 7b		WHAT COUNTRY?	8			9 BALTIMOR		OUNTY	OF DE	ATH		_
	IARYLAND		II C	Α.		X NEVER A			-					
_	Y OR TOWN OF DE	ATH 11		OSPITAL NURSIN	WIDOWED		ORCED	12a USUAL O	ARUNI		126	KINDO	F BUSINI	A
	A CAD IDIA		(IF NOT IN SUCH	H FACILITY, GIVE STREET	ADDRESS)			TYPE OF WORK	OR MOST OF WO		E) IND	USTRY		
	L RESIDENCE (IF NO	PSING HOME OF OTH		NORTH A		21122		PLU	MBER		1	LOCA	L #4	8
13a S1	TATE	136 COUNTY		13c. CITY OR TOW	N	13d. INSIDE CI	ITY LIMITS?	13e STREET A	DDRESS					
	RYLAND	A.A.		PASADEN		YES X	NO 🗆		NORTH	AVE	NUE.	, 21	122	
II FAI	THER'S NAME FIRST	MID	DLE	LAST			MAIDEN NA	ME	MIDDLE			LASI	7	
	LOUIS	F		PILLSBU	RY SR	LE	SPER			-11		BOO	KER	
	AS DECEASED EVE	R IN U.S. ARME		166 SOCIAL SECU	RITY NO.	17. INFORMA	NT		ADDRESS	PAS/	ADE	NA, I	MD.	
Y	ES	WW]		219-01-	7629	MARIE	D. PIL	LSBURY	1952	NORT	TH A	VEN	UE	
	18 CAUSE OF DEA	TH (Enter anly a	ne cause per	line far (al. (b), and	d (c++		2				В	APPROXI	MATE INTE	DEAL
20	PART I. DEATH	WAS CAUSED B		Rema	unta.	. Fac	luce				1	2	da	1
	11.76	IMMEDIATE	AUSE (U)		_	>					+		7	~
	1600		DUE TO, OR	AS A CONSEQUE	m _ //_	1						1	_	
	Canditians, if an		(b)	mita	uale	Cou	renom	wert .		140			me	,
	cause (a), stat	ing the	DUE TO, OR	AS A COASEQUE	NCE OF	t						1	/	
	underlying caus	e last.	(c)	Lung	0	wear	enq					4	, sud	2
_ [PART 2 OTHER SIG	INFICANT CON	iditions <u>co</u>	MTRIBUTING TO	EATH BUT N	OT RELATED	TO THE TERM	INAL DISEASE	OR CONDITI	ON GIVI	EN IN F	PART 1(o) .	
CERTIFICATION														
CAI	19a DATE OF OPER	MOITA	196 CONDI	TION FOR WHICH	OPERATION	WAS PERFO	RMED	20a AUTOF		b. IF YES				
E								YES 🗌	NO	VERTIFY YES	S 🗍	-AUSES	NO [
E I	210. ACCIDENT WAS UP		216. TIME OF		V V5.5	21¢ HOW IN.	JURY OCCUR	RED (ENTERNATI	IRE OF INJURY IN	ITEM IB P	ARTIOR	PART 2)		
¥	OR CONTRIBUTING		HOUR A.A	A. MONTH DA	YEAR .									
MEDICAL	21d INJURY OCCUP		21e PLACE C			211 LOCATIO	N N							-
	WHILE NOT W	/HILE		ET FACTORY, OFFICE F.		STREET			CITY OR TOWN		COL	UNIY		TATE
l l	AT WORK - AT WI	ORK -		/	3/		P3	-	123		- 6	21		
	220.1 certify that			deceased fram_ 2919		-5	. 19_6_6	, to	100		19 0		that (1)	
	saw the decea abave, (1)	did) did not) w	ew the bady o	ofter death.			(aur) apinian i	death accurred	an the date	and hour	r and Ir	ram the	causes st	ated
	226. SIGNATURE		11/2	00	۵	EGREE		/			22	DATE	SIGNED	
1	Celan	. C.C.	talley	tall	/		HYSICIAN D	MEDICAL DIRECTOR	STAFF PHYSICIAN	1		8/2	-10)
	22d. PHYSICIAN'S N	AME (TYPE OR PR	NI)			22e ADDRESS						11		
	WILLIAM	C LIATE	חדשדשקי	MD		CT A	CNEC H	ОСБТШАТ	ONICO	T OCT	ית ע	PDAD!	יא יבי אירי	T
23e BI	JRIAL, CREMATION		3b. DATE		IAME OF CE	METERY OR C		OSPITAL 123d. LOCAT		TY/G)	ם ב	LAK	THEN	T_
(5	PECIFY)	, KEMOVAL				DCF ME		CITYO	RIOWN	TIOT	COUNT	TY DEA	RYLA	TATE
ı R	HRIAI.		08-03-	X' IMH	ATHURAN	TREE MH	IVI PK	I RIKR	TDGE	HI NALL	ARII	MA	KYLA	INI I

21229

DHMH - 16 50M 1/81 (VRA 15, 4)

BP.

TO FUNERAL DIRECTOR:

MPORTANT: If Item 21 is

24. FUNERAL DIRECTOR

THE WAR SERVICE OF THE PARTY OF THE PROPERTY OF THE PARTY All Public Control of the state of the s Almosta miles Success Charles and the second and the state of t A THE RESIDENCE OF THE PARTY OF SALIGRAM SEED OF SUAD UP A VALUE OF STREET OF STREET OF STREET

STATE OF MARYLAND

PLEATER SHEETING IN STATE FOR THE STATE 164 TEVE 1 10 15 THE LEVEL TO THE TOTAL STATE OF THE PARTY OF THE PART

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE SZ

REGISTRAR			CERTIF	ICATE OF DEATH		REG. NO	0.			6148	
1. DECEASED NAME (TYPE OR PRINT)	EMUEL.	EDWARD	ī	PORTER,			MONTH 7	10	YEAR 82	2b HQI	40
3. SEX	4 RACE		5. DATE C	OF BIRTH	6	AGE (IN YEARS LAST BIR	THDAY)	IF UNDE	RIYEAR	IF UNDE	
Male	Wh	ite	7 MONTH	29 9		82	YRS	MONTHS	DAYS	HOURS	MIN.
a. BIRTHPLACE STATE OF	FOREIGN 76 CITIZEN C	F WHAT COUNTRY?	8	D NEVER MARRIED	9	BALTIMORE CITY O		TY OF DE	ATH		
Maryland	U.	S.A.	WIDOWE			Anne Aru	nde1	Cour	nty		M
ID CITY OR TOWN OF DE		F HOSPITAL, NÜRSIN		R OTHER INSTITUTION	N 12	USUAL OCCUPATE				FBUSIN	
Glen Burnie		Bertram C			[(Letter Ca	rrie	r Pos	sta1	Syc	
USUAL RESIDENCE IF NUR 130. STATE Maryland	13b COUNTY A.A. Co.		ADMISSION)	13d. Inside City Limit		street Address 202 Bertr				1061	
4 FATHER'S NAME	WIDDLE			15 MOTHER'S MAIDE	NNAME						
John	H.	Porte	r	Ida		WIDDLE			Her	dric	ks
WAS DECEASED EVE	R IN U.S. ARMED FORCES		RITY NO.	17. INFORMANT		ADDRE	SS				
YES NO OR UNKNOWN)	WWT	216-36-3	465	Betty Por	ter	202 Bertr	am C	ircle	е	2106	1
190 DATE OF OPERA	which (b), mediate (ming the lost (c). NIFICANT CONDITIONS TION 196 CON	Tail Hus	NCE OF	N WAS PERFORMED	4"	200 AUTOPSY? YES NO	20b. IF Y	ES, WERE	FINDIN	IGS USE	TH?
OR CONTRIBUTING [] (IF EITHER NOTIFY MED 21d INJURY OCCUR	CAUSE OF DEATH HOUR RED 21e PLAC	OF INJURY A.M. MONTH DA P.M. E OF INJURY STREET, FACTORY, OFFICE, FA	Y YEAR	21c HOW INJURY OF	CCURRED	(ENTER NATURE OF INJUR			PART 2)		STATE
AT WORK NOT W	ORK		A 11	0.0		1 00					
							60				
22b. SIQNATURE	Cuty on.	dy ofter death.		d that in (my) (our) op DEGREE ATTENDII PHYSICI,	ING /I	th occurred on the do	:F			that (1) (couses st	(we) lo oted
obove, (I) (we) (Sed of the on wiew the book of the control of the c	dy offer death.		nd that in (my) (our) op DEGREE ATTENDII	Jak	MEDICAL STAF	:F				(we) lo

DHMH - 16 50M 1/81 (VRA 15, 4)

BP.

24 FUNERAL DIRECTOR Hubbard Funeral Home, Inc. 4107 Wilkens Ave.

Loudon Park Cemetery 21229

Maryland

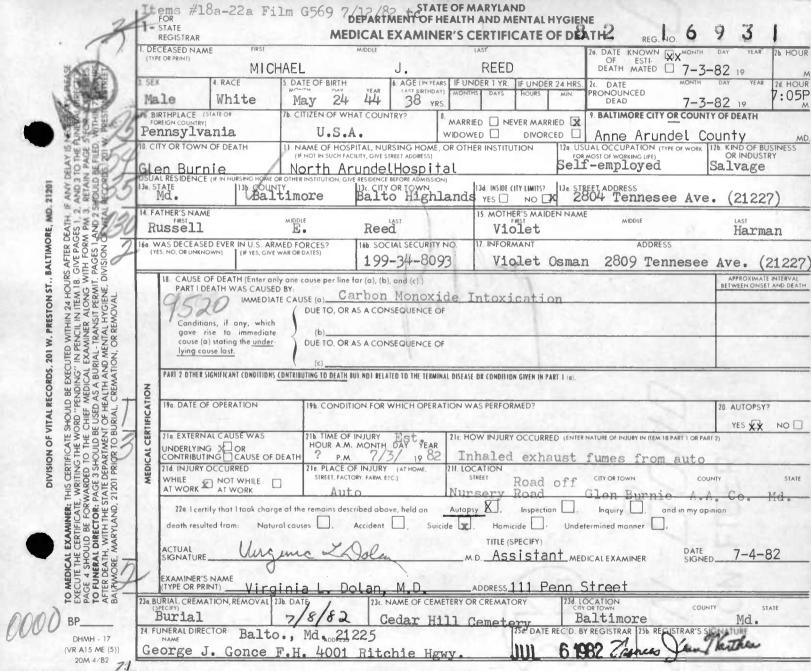
and the second second 1 5 - 6 STELLA CUNU L' TALLE 67-12 KG I will be the second second THE PROPERTY OF THE PARTY OF TH stary low- hour Action of the second start than the second 1.13 AC 400 产生产品 1.100 ELS TABLE YEAR OF THE SERVICE WAS A STATE OF THE SERVICE OF THE SERVIC

(VR A 15 (4)) 9/74

WILLIAM REESE & SONS MORTUARY. P.A.

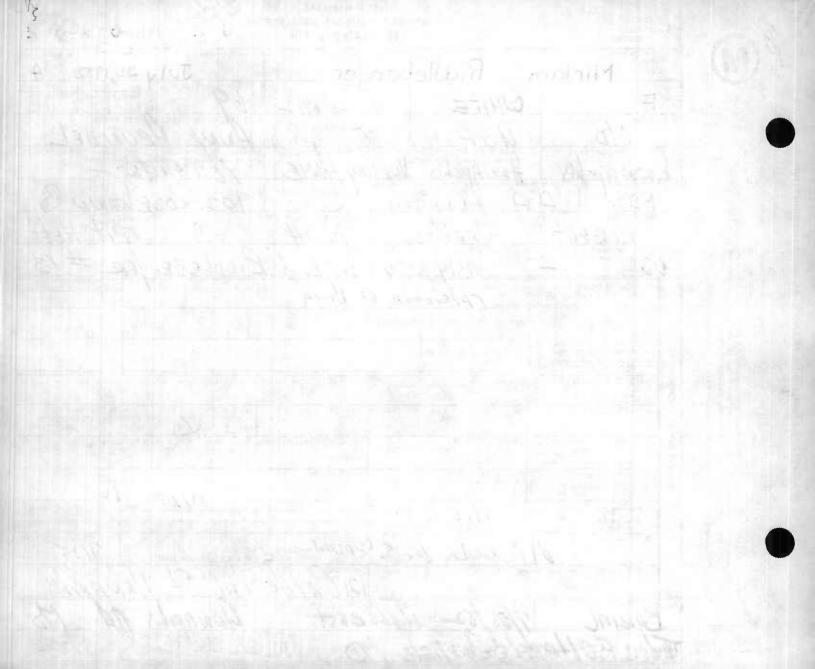
STATE OF MARYLAND

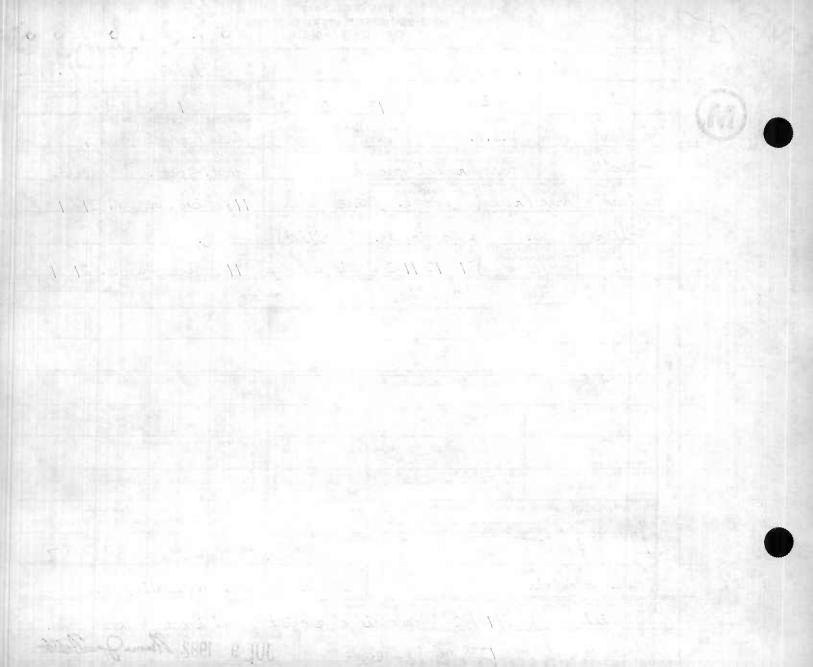
THE PERSON NOTES LANGE TO STATE OF THE SECRET SECURITY SECRETARY SECRET



The second of th SERVICE THE TREATMENT AND S. [CSSID DV2 NATURAL TORS OF THE STATE OF THE 20 Local Seminores edits manno statolis (5 -45

STATE OF MARYLAND





07-07-82

HUBBARD FUNERAL HOME, INC. 4107 WILKENS AVE

ADDRESS

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

GLEN HAVEN MEM. PARK

21229

REG. NO

MONTH

YEAR

82

IF LINDER 24 MR

126 KIND OF BUSINESS OR

APPROXIMATE INTERVAL

NO I

STATE

RESTAURANT

LESTER

IF UNDER 1 YEAR

INDUSTRY

02

YES [

GLEN BURNIE

COUNTY

22c. DATE SIGNED

20 DATE OF DEATH

DIVISION OF VITAL RECORDS,

FOR

REGISTRAR

BURIAL

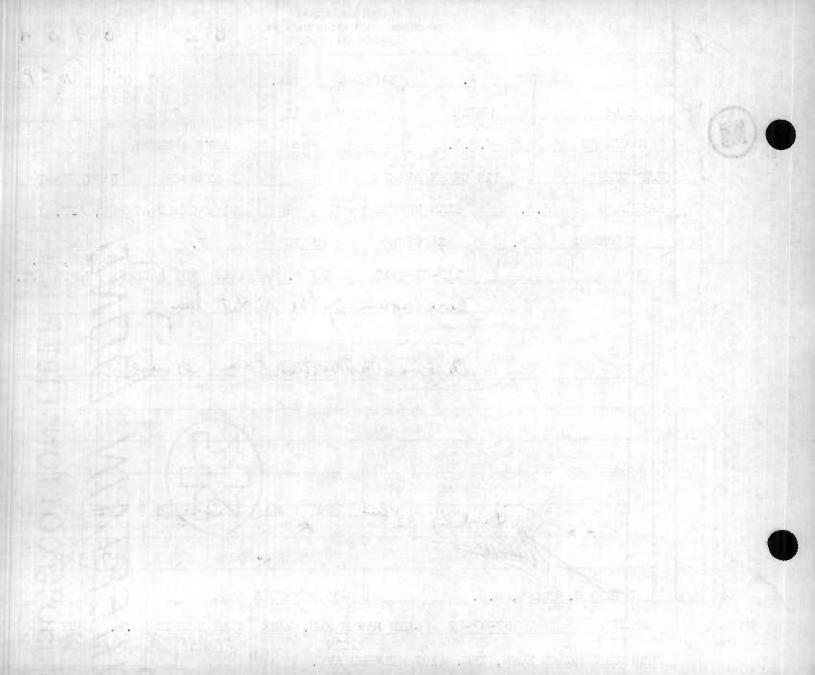
24 FUNERAL DIRECTOR

DHMH - 16 50M 1/81

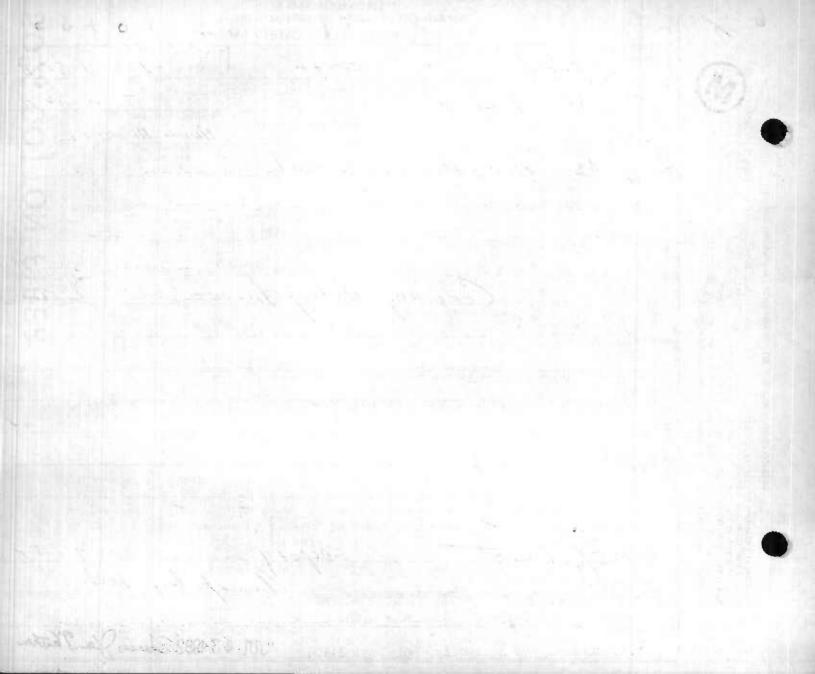
(VRA 15. 4)

DECEASED NAME

- STATE



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF REGISTRAR REG. NO 1. DECEASED NAME 2g. DATE KNOWN DAY 2b. HOUR (TYPE OR PRINT) ESTI-DAVID 500 + + DEATH MATED ee 4. RACE SEX DATE OF BIRTH & AGE (IN YEARS IF LINDER 24 HRS 24 HOUR DATE VEAD LAST BIRTHDAY PRONOUNCED 50 DEAD 70. BIRTHPLACE (STATE OR CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED A NEVER MARRIED FOREIGN COUNTRY ARUNDEL USA WIDOWED DIVORCED Forest Ind 126 KIND OF BUSINESS CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 128 USUAL OCCUPATION (TYPE OF WORK OR INDUSTRY **PEPCO** Construction DIVISION OF VITAL RECORD USUAL RESIDENCE LIFTIN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSIONS 13g. STATE 1136 COUNTY 13¢ CITY OR TOWN 13d INSIDE CITY LIMITS? 13e STREET ADDRESS Md Shady Side 1216 Linden Lane Co NO X M. FATHER'S NAME 15. MOTHER'S MAIDEN NAME M PM AND 2 MIDDLE FIRST LAST MIDDLE LAST Clarence Α. Scott Dorothy Edwards 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 7 INFORMANT ADDRESS 16b. SOCIAL SECURITY NO (YES. NO, OR UNKNOWN) Yes Korea 307-26-4705 Anthony Susano Edgewater, Marvland 18 CAUSE OF DEATH (Enter only one cause per line or (o), (b), and (c). ED AS A BURIAL - TRANSIT PERMIT HEALTH AND MENTAL HYGIENE, PART I DEATH WAS CAUSED BY MAMEDIATE CAUSE (DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying couse last CREMATION, PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 IO USED 19a DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 2D AUTOPSY? 8 BUR YES [] NO V 3 SHOULD BE I 710 EXTERNAL CAUSE WAS 216 TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) PAGE 4 SHOULD BE FORWARDED TO THE TO FUNERAL DIRECTOR: PAGE 3 SHOULD 14 FTER DEATH, WITH THE STATE DEPARTMEN 0 HOUR A.M. MONTH DAY YEAR OR UNDERLYING CONTRIBUTING CAUSE OF DEATH 21d INJURY OCCURRED 21e PLACE OF INJURY 21 LOCATION STREET, FACTORY, FARM, ETC. STREET CITY OR TOWN COUNTY NOT WHILE AT WORK AT WORK 22a. I certify that I took charge of the remains described above, held an Autopsy Inspection Hamicide Undetermined manner TITLE (SPECIFY) 7-11-8 SIGNATU TIMORE, EXAMINER'S NAME (TYPE OR PRINT) 23a. BURIAL, CREMATION, REMOVAL 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION Burial STATE 7-15-82 Oakland Meth. Church Cem Berkley Springs W. BP 24. FUNERAL DIRECTOR **DHMH-17** (VR A15 ME (5) T.A. Hardesty Annapolis, Maryland 21401 15M 2/80



1.	FOR	DEP	STATE OF MARYLAND (RTMENT OF HEALTH AND MENTAL H)	V GIENE		
	- STATE REGISTRAR		CERTIFICATE OF DEATH	8 2 REG. NO	. 16	9 3 O
	DECEASED NAME FIRST YPE OR PRINT)	WIDDLE	LAST	20. DATE OF DEATH		
1	I,ULA Sex	A. A	SCRIMGER 15 DATE OF BIRTH	JULY 3, 3		11:15 M
)	Femiple	wh. Te	MONTH DAY YEAR	83	THDAY) IF UNDER 1 Y MONTHS DA YRS.	
100	BIRTHPLACE (STATE OR FORE)	76. CITIZEN OF WHAT COUNT	RY? 8 MARRIED NEVER MARRIED WIDOWED DIVORCED		ECOUNTY OF DEATH	
\$54	CITY OR TOWN OF DEATH GLEN BURNIE	11. NAME OF HOSPITAL, NU (IF NOT IN SUCH FACILITY, GIVE S' NORTH ARUND)		120 USUAL OCCUPATION	F WOY G LIFE) INDUST	D OF BUSINESS OR
2 US	SUAL RESIDENCE (IF NURSING HONE OF	OTHER INSTITUTION GIVE RESIDENCE B	FORE ADMISSION) 13d INSIDE CITY LIMITS?	13e STREET ADDRESS		HOME
120	FATHER'S NAME FIRST	MIDDLE 3	15 MOTHER'S MAIDEN N	755 202	Mais A	LAST
160 160	WAS DECEASED EVER IN U.S. AR	MED FORCES? 166. SOCIALS	ECURITY NO. 17. INFORMANT	ADDRE	ss naer, a	sahore
y injury, at other trainmatic, e.	Conditions, if ony, which gove rise to immediate couse 101, stating the underlying couse lost. PART 2 OTHER SIGNIFICANT (DUE TO, OR AS A CONSE (b) DUE TO OR AS A CONSE (c) CONDITIONS CONTRIBUTING VECTOR OF THE CONTRIBUTIONS CONTRIBUTIONS CONTRIBUTIONS CONTRIBUTIONS	overce of led Hear outputs led Hear to Death Bull North Tated to let the	- //	oiton given in part	
18 shows ony injur	1% DATE OF OPERATION	146. CONDITION FOR WH	ICH OPERATION WAS PERFORMED	785 NO	IN CERTIFYING CAUS	SES OF DEATH?
MEDICAL S MOTKED OF ITEM	DR CONTRIBUTING CAUSE OF DEA 28 STORE NOTIFICADE ALEXANDES 234 INJURY OCCUPRED 25 NOTIFICADE 27.1 certify that (1) this hospi age the deceased alive on oboom, (1) well stild (1) and no 27% SIGNATORE	The HOUR A.M. MONTH P.M. Zie PLACE OF INJURY IAT HOWE SHEET JACTOR OF	THE PART OF THE PA	Tables on the	COUNTY	stan. that (Ir (we) last
IMPORTANT	22d. PHYSICIAN YNAME (TYPE O		De ADDRESS 293	2-A Mountain adena, Maryla	Road and, 21122	
	BURIAL, CREMATION, REMOVAL	236. DATE 7-87	BANDO OF CEMETERY OR CREMATORY		- Aunt	mal
/81 24,	DALLECTOR NAME	7 Abme ADDRE	Severno PX H	PEREC D. BY REGISTRAR 1982	25b. REGISTRAR'S SIGN	NATURE W. T.

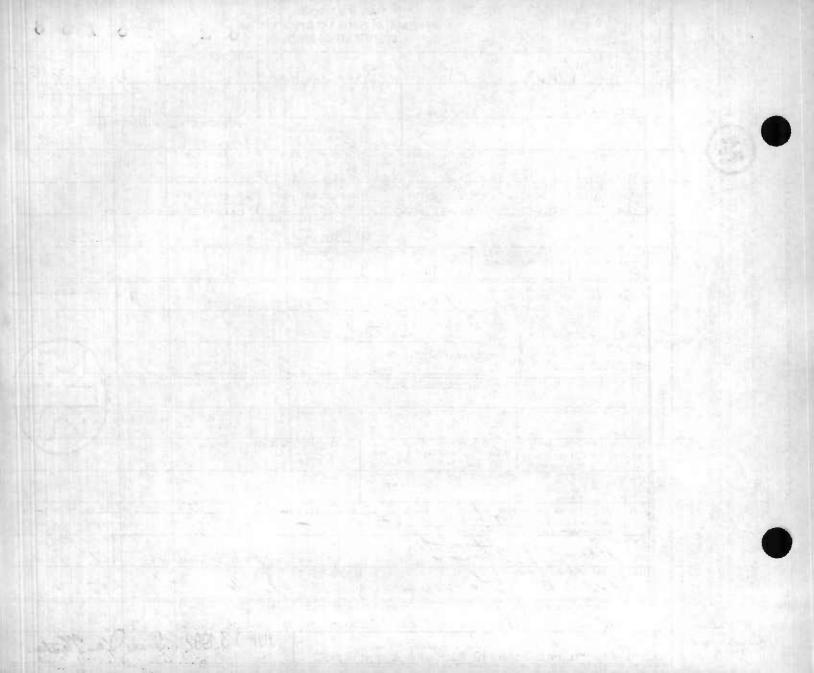
The state of the s The state of the s The about the term of the state The second of th Server / Le Zara Berrar De La Marie La Cara Contra Contra

REESE & SONS MORTUARY. P.A.

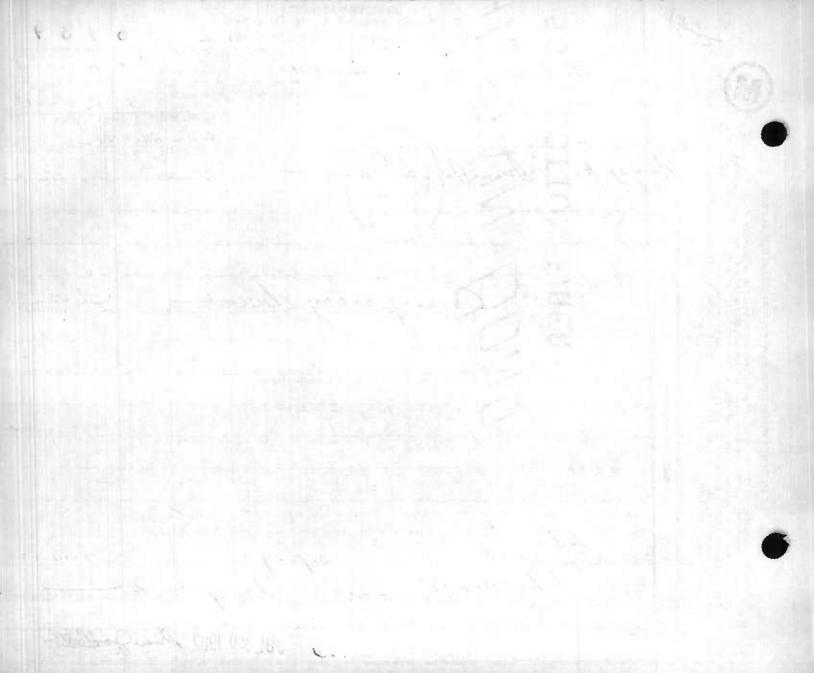
- STATE

(VRA 15, 4)

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE 16.60 THE PARTY OF THE P



STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR I. DECEASED NAME 2c. DATE KNOWN MONTH 2b. HOUR [TYPE OR PRINT] OF ESTI-HOMER DEATH MATED Bryce 3. SEX AGE (IN YEARS IF UNDER 1 YR IF UNDER 24 HRS 2d. HOUR DATE DAY YEAR LAST BIRTHDAY) PRONOUNCED 12 27 20 DEAD 61 YRS 78. BIRTHPLACE (STATE OR 7b. CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED FOREIGN COUNTRY USA ANNE ARUNOFL Roland Oklahoma WIDOWED DIVORCED ID CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120 USUAL OCCUPATION (TYPE OF WORK 12b. KIND OF BUSINESS FOR MOST OF WORKING LIFE) OR INDUSTRY Groc. store self employed USUAL RESIDENCE (IF IN NURSING HOME OF OTHER INSTITUTION, GI 130. STATE 13b. COUNTY 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET ADDRESS NO-Md Deale 6006 Drum Pt. Rd ENDEADER STANDER ALONG WITH FORM PM 3 ED AS A BURIAL TRANSIT PREMIT. PAGES 1 AND 2 SILL, CREMATION, OR REMOVAL. 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME LAST MIDDLE LAST MIDDLE Smith. Randolph Lvdia Anne unknown 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT ADDRESS 16b. SOCIAL SECURITY NO (YES, NO, OR UNKNOWN) (IF YES, GIVE WAR OR DATES) 187-12-1799 same CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). RESIDEEN CHISET AND DEATH PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a. DUE TO, OR AS A CONSEQ Canditians, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 10 CERTIFICATION 198 DATE OF OPERATION USED 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? 6 REPAGE 3 SHOULD BE USE STATE DEPARTMENT OF D, 21201 PRIOR TO BURIA YES 21a EXTERNAL CAUSE WAS 216 TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR MEDICAL CONTRIBUTING CAUSE OF DEATH P.M 71d. INJURY OCCURRED 21e PLACE OF INJURY (AT HOME 71f. LOCATION STREET, FACTORY, FARM, ETC.) CITY OR TOWN COUNTY STATE NOT WHILE AT WORK PAGE 4 SHOULD BE FORWAR TO FUNERAL DIRECTOR: PAG AFTER DEATH, WITH THE STATE BALTIMORE. MARVI AND AT WORK 220. I certify that I taak charge of the remains described above, held an Autopsy Inquiry and in my apinion death resulted fram Hamicide Undetermined manner TITLE (SPECIFY 7-14-82 SIGNATURE EXAMINER'S NAME (TYPE OR PRINT) 23a, BURIAL, CREMATION, REMOVAL 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY EQUAITY STATE Crownsville V.A 7/19/82 Cemetery BP Burial Crownevill 24 FUNERAL DIRECTOR **DHMH-17** ADDRESS (VR A15 ME (5) ardesty Funeral Home 12 Ridgely Ave 15M 2/80



21229

Hubbard Funeral Home, Inc. 4107 Wilkens Ave.

250, DATE REC'D, BY REGISTRAR 256, MED ISTRAR'S SIGNATURE

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

FOR

24 FUNERAL DIRECTOR

DHMH _ 16 50M 4/B2

(VRA 15, 4)

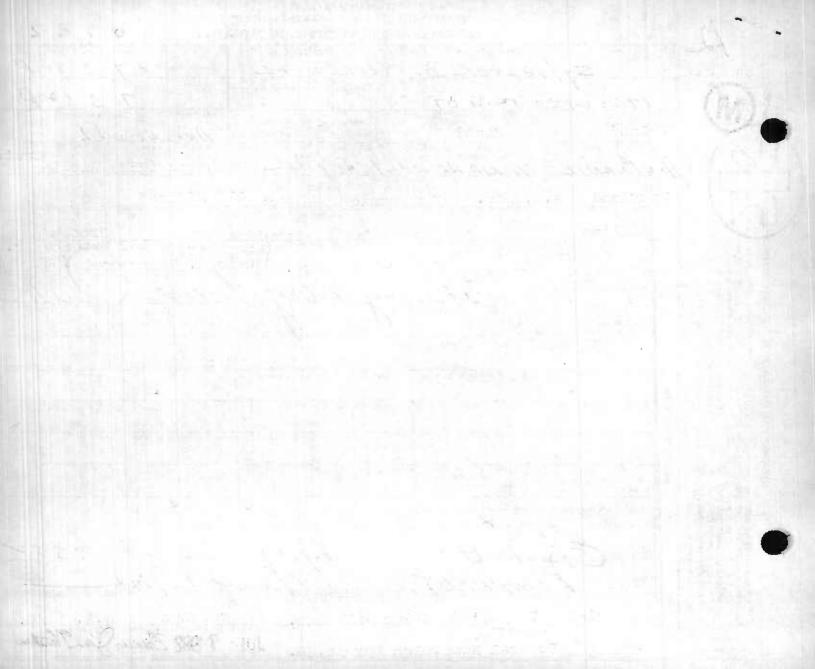
- STATE

1 4 6 5 6			
Y THE CHARLE IN			
	TVATASKUL TROKUM, TULKIA		
and the decay in section 1983.			
emia Backero nel Det des	.0-cove10 670-11-250		
	The state of the s		
TARTER OF THE PROPERTY OF THE STATE OF THE S		.2	

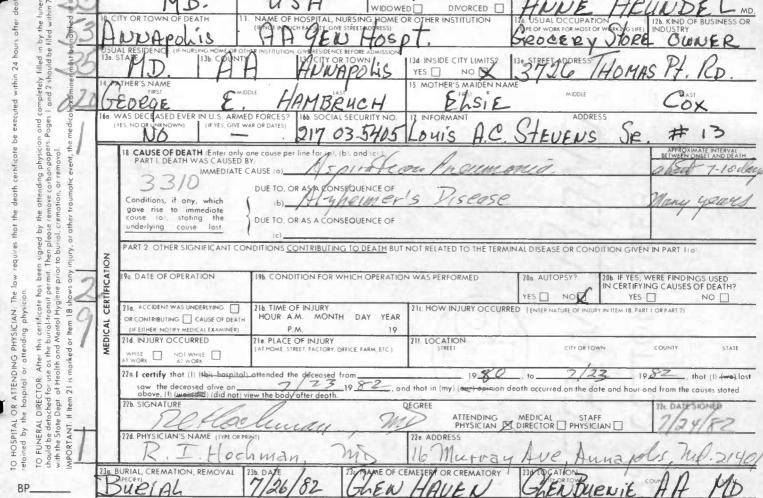
1.	FOR	DEPARTMEN	STATE OF MARYLAI	ND JENTAL HYGIENE			
					ru2	6941	
1. DE	CEASED NAME RST	WIDDLE	LAST		O. DATE KNOWN	MONTH DAY YEAR 26. HOL	JR
(10)	JAMES	Gani	1 -Smith	5	DEATH MATED	7 101952 #	M
1. SEX		TH DAY YEAR LA					JR
-	Male White 1		YRS.		DEAD	1 10 025	M
		TIZEN OF WHAT COUNTRY?		EVER MARRIED	BALTIMORE CITY OF	COUNTY OF DEATH	
THE C	TY OF TOWN OF DEATH	ME OF HOSPITAL NURSING			HUNE HE	1.01	ND.
10	\ O"	NOT IN SUCH FACILITY, GIVE STREET	DDRESS)	FORM	OST OF WORKING LIFE)	ORINDUSTRY	
USU	L RESIDENCE (IF IN NURSING HOME OR OTHER	INSTITUTION, GIVE RESIDENCE BEFOR	E ADMISSION)		lugen!	Jenool	_
7	hil AA		OWN 13d. INSIDE	NO X 130. STREE	D4 TH	Sley Rd	
14.57					MIDDLE	LAST.	=
7			-11	1	Alice 1	Vanderburgh	
16a. V	VAS DECEASED EVER IN U.S. ARMED FO (IF YES, GIVE WAR OR D	RCES? 166 SOCIALS	ECURITY NO. 17 INFOR	MANT	ADDRESS	Same as	
	NO -	214'71		mald D.	Smith	#13	
	PART I DE ATH WAS CAUSED BY:	Six d.	(c).)			BY TWICH ONSET AND DEAT	Н
			JEM F OF	1		Justien	_
	Conditions, if ony, which						
	couse (a) stating the under-	1-7	JENCE OF				-
	lying couse last.	(c)		1. 184			
1.	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBU	TING TO DEATH BUT NOT RELATED TO	THE TERMINAL DISEASE OR CONDITIO	ON GIVEN IN PART 1 (a)			=
E S	19- DATE OF OBERATION	IN CONDITION FOR WINE					
F S	176. DATE OF OPERATION	196 CONDITION FOR WHIC	H OPERATION WAS PERFOR	RMED?			
E	210 EXTERNAL CAUSE WAS	216 TIME OF INJURY	121s HOW INJURY	OCCURRED ANTERNA	TUBE OF BUILDRY BY ITEM 19 FA	The state of the s	-
NE N	UNDERLYING OR CONTRIBUTING CAUSE OF DEATH	1 11 12	YEAR	nell.i	beremen	_	
EDIC	21d. INJURY OCCURRED	21e PLACE OF INJURY OAT	HOME. IT LOCATION	my we	,		-
1 2	AT WORK AT WORK	Act hon	R. 2547-	- Deusl	1 King	- a na 40	
	22a. I certify that I taak charge of the	remoins described abave, he	eld on Autopsy .	Inspection 2	Inquiry T. and	in my opinion	_
	death resulted from: Natural Cour	Accident .	Suicide , Homi	icide Undeter			
	ACTUAL SY		TITLE (S	SPECIFY)		21082	_
	SIGNATURE O Du	Tacky)	M.D. <u>U</u>	DUY 5 MEDIC	CAL EXAMINER	SIGNED 7-10.0	-
4	EXAMINER'S NAME E.	MARNT		11	1./4 20		
23a.B	JRIAL, CREMATION, REMOVAL 236 DAT	E 23c NAME		ORY INCOC	ATION		Ξ
10	Purial Til	413 1980 H.	llcrest	An	naod val	A PARTY STATE	
24 FI	INERAL DIRECTOR	CADDRESS		25 ADATE PECA MO	82 THE PARTIES	R'S SIGNATURE	-
Da	I MIT	Jons, Hono	apolismo	GOT T T IO			
	MEDICAL CERTIFICATION 1 23 81 1 24 E7	BIRTHPLACE IMAGE TO TO TOWN OF DEATH III. NAME FIRST III. NAME FIRST III. N. ATHER'S NAME FIRST III. N. ATHER'S NAME FIRST III. STATE III.	STATE REGISTRAR MEDICAL EX MIDDIE MIDDIE	DEPARTMENT OF HEALTH AND M MEDICAL EXAMINER'S CERTIFI LOCEASED NAME (ITY CHAPMIT) STATE REGISTRAR REGISTR	DEPARTMENT OF HEALTH AND MENTAL HYGENE MEDICAL EXAMINER'S CERTIFICATE OF DRA STATE RECISTRA MEDICAL EXAMINER'S CERTIFICATE OF DRA OSCILLATION MIDDLE MAGE OF BERTH OSCILLATION MIDDLE OSCILLATION MIDLE OSCILLATION	DEPARTMENT OF HEALTH AND MENTAL HYGIENE RECUISTRAR MEDICAL EXAMINER'S CERTIFICATE OF DEATH MEDICAL EXAMINER'S MADE MEDICAL EXAMINER'S CERTIFICATE OF DEATH MEDICAL EXAMINER'S MADE MEDICAL EXAMINER'S CERTIFICATE OF DEATH MEDICAL EXAMINER'S CERTIFICATE OF DEATH MEDICAL EXAMINER'S MADE	DEPART MENT OF HEALTH AND MENTAL HYGINE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REG. NO 9 4 TO DECARDO NAME (INTERNAME) SEX SEX SEX SEX SEX SEX SEX S

SHIPPERSHIPPES SELECTION OF THE COLORS what is to sold your the stand of the All The demonstrate of the state of the AND DELPHEN SEED THE GREET LAND GOVERNMENT OF THE SEED OF THE SEED

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR DECEASED NAME Sylvester MIDDLE LAST Stakowitz Benny 20. DATE KNOWN LTYPE OF FRINCIS DEATH MATED 198 2c. DATE LAST BIRTHDAY) PRONOUNCED Dec. 31, 107 74/YRS DEAD Th. CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED INEVER MARRIED Poland Roland DIVORCED CITY OR TOWN OF DEATH 126 KIND OF BUSINESS 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION OR INDUSTRBalte Mechanic Riggina (RET) 13d. INSIDE CITY LIMITS? 130 STREET ADDRESS 116 Madland 113b COUNTY 13c. CITY OR TOWN Maryland A.A. GlenBurnie Co. Road 15. MOTHER'S MAIDEN NAME MIDDLE MIDDLE LAST LAST Mrocek Stakowitz Karoline (Daughter) ADDRESS 82 16g. WAS DECEASED EVER IN U.S. ARMED FORCES? 166. SOCIAL SECURITY NO Margate Dr. [YES, NO, OR UNKNOWN] Connie, M. Stinchcomb2 1061 216-09-3650 18 CAUSE OF DEATH (Enter only one cause per PART I DEATH WAS CAUSED BY: MAMEDIATE CAUSE OR AS A CONSEQUENCE Canditians, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause lost PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) CERTIFICATION 1% DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES 🗌 NO S õ 21a EXTERNAL CAUSE WAS 216 TIME OF INJURY 216. HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 21 HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 21d. INJURY OCCURRED 21 PLACE OF INJURY LAT HOME 21f LOCATION STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN COUNTY NOT WHILE AT WORK AT WORK PAGE 4 SHOULD BE FOR TO FUNERAL DIRECTOR: Inspection 220 I certify that I took charge of the remains described above, held an Autopsy and in my opinion deoth resulted fram Homicide Undetermined monner TITLE (SPECIFY AFTER DEATH, BALTIMORE, M SIGNATURE MEDICAL EXAMINER EXAMINER'S NAME (TYPE OR PRINT) 230 BURIAL, CREMATION, REMOVAL **POCATION** 23¢ NAME OF CEMETERY OR CREMATORY COUNTY Brooklyn JULY'82 Burial Cedar Hill Cem BP 25a. DATE REC'D. BY REGISTRAR 25b REGISTRAR'S 24. FUNERAL DIRECTOR DHMH-17 (VR A15 ME (5)) SINGLETON Funeral Home, Glen Burnie, MD 15M 2/B0



	FOR STATE REGISTRAR	DEPARTM	STATE OF MARYLAND IENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	GIENE 8 2	16943
WY Jones	I. DECEASED NAME FIRST (TYPE OR PRINT)	WIDDLE	(AST	20. DATE OF DEATH MONTH	DAY YEAR 26 HOUR
900	IIIInn	e FRANCES	Stevens	7 6	23 82 676
ige 4 mcretor. p	3 SEX	4. RACE WHITE	5. DATE OF BIRTH MONTH DAY YEAR	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS MONTHS DAYS HOURS MIN.
deoth. Pour	BIRTHPLACE (STATE OR FOREIGN COUNTRY)	76 CITIZEN OF WHAT COUNTRY?	8 MARRIED NEVER MARRIED WIDOWED DIVORCED	9. BALYMORE CITY OR COL	PUNDE LM
by the fiftled with	ANNAPOLIS	11. NAME OF HOSPITAL, NURSING	G HOME OR OTHER INSTITUTION	12 USUAL OCCUPATION PE OF WORK FOR MOST OF WORK	ORE OWNER
in 24 hou filled in hould be	13a. STAJE D. 13b COL	ROTHER INSTITUTION GIVE RESIDENCE BEFORE NT) ACITY OR TOWN		13. STREET ADDRESS THO	MAS Pt. RD.
ompletely ompletely ond 2 s	GEORGE E	HAMBRUC	H ELSIE	MIDDLE	COX
be execu		WED FORCES? 166. SOCIAL SECUR VE WAR OR DATES) 217 03 3	405 Louis A.C	Steuens	Se. # 13
physicinoper physi	PART I. DEATH WAS CAUSI	nly one couse per line for (n), (b), and ED BY:	(1. 4.	mij.	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH



DHMH - 16 50M 1/81 (VRA 15, 4)

ME AS CAN LINE DOVOK SENSE SINGIN 5F 0 01 FF 7 0 14 14 The state of the s 1000 HOLLEY FRANCISCHE PERSONELLE SELECTION OF THE SELECTION In class They be there Harren a Collection on the Peter Toutes Turneral Valence to variety the same a series or other traumotic event, the medical examiner must be toxified of ance

MPORTANT: If Item 21 is marked or Item 18 shaws any

should be detached for use as with the State Dept. of Measth

STATE OF MARYLAND FOR

DEPARTMENT OF HEALTH AND MENTAL HYGIENE 🚯

	REGISTRAR			CERTIF	ICATE OF DEATH	REG. N	0.	0 7	EDT		
	ECEASED NAME FIRST	N	MODLE	L	AST	20	DATE OF DEATH	MONTH	DAY YEAR	26 HOUR	
	MARGA	RET M.		STO	CKSDALE		JULY 4,	1982		9:15 A	
3. SI	FEMALE	4 RACE WHIT	E	S. DATE C	OAY YEA		AGE (IN YEARS LAST BIR	THOAY)	MONTHS DAYS	IF UNDER 24 HRS	
6	BIRTHPLACE (STATE OR FOREIGN COUNTRY) 1 ARYLAND		WHAT COUNTRY?	8 MARRIED NEVER MARRIED WIDOWED DIVORCED			9 BALTIMORE CITY OR COUNTY OF DEATH ANNE ARUNDEL COUNTY				
4 100	GLEN BURNIE	(IF NOT IN SUCE	OSPITAL, NURSIN HEACILITY, GIVE STREET H ARUNDE	NG HOME C	OR OTHER INSTITUTION	(7)	USUAL OCCUPATION OF OF WORK FOR MOST OF			MD. F BUSINESS OR	
3 M			GIVE RESIDENCE BEFOR 13: CITY OR TOW PASADEN	VN	13d INSIDECITY LIMI YES NO	<	STREET ADDRESS	ODHOL	LME CI		
4	TOHN	MIDDLE	RICKE		15. MOTHER'S MAIDE FIRST MARY	EN NAME	MIDDLE		Rim	ME	
	WAS DECEASED EVER IN U.S. A (YES NO OR UNKNOWN) (IF YES, C	RMED FORCES?	220-60-		TUGENE	K.S	TOCKSDAL		SAME A	s 13)	
CERTIFICATION	Conditions, if ony, which gave rise to immediate cause (a), stating the underlying cause last PART 2 OTHER SIGNINGAND 190 DATE OF OPERATION	DUE TO, OR (c) CONDITIONS CO		DEATH BUT	NOT RELATED TO THE		L DISEASE OR CONI	20b. IF YES	S, WERE FINDIN	IGS USED	
CERTIFIE	210 ACCIDENT WAS UNDERLYING			21c HOW INJURY OCCURR			YES NO	YE	YING CAUSES S ART 1 OR PART 2)	NO	
MEDICAL	OR CONTRIBUTING CAUSE OF D (IF EITHER, NOTIFY MEDICAL EXAMIN 21d INJURY OCCURRED WHILE NOT WHILE AT WORK	P.A 21e PLACE C (AT HOME STRE	OF INJURY SET FACTORY OFFICE, I	19	231 LOCATION STREET	9.2	CITY OR TO		COUNTY	STATE	
	22a L certify that (I) (this has saw the deceased alive a above, (I) two) (did with 22b. SIGNATURE	n 7 1/4	19		DEGREE ATTENDI PHYSICI 122e ADDRESS	ING ~N	th accurred on the do	F .			
1	Robt 1600	Sun			205	Bal	eting Co	- de	2 only	shis	
	BURIAL CREMATION, REMOVA		, 1982 Me	ENDOWB	EMETERY OF CREMAT	TERY	23d LOCATION CHYORTOWN WESTMINIS		CARROL	MD.	
150	FUNERAL DIRECTOR NAME ARRANCO FUNERAL	HOME	manage #CDD.	RITCHIE	RK, MD.	JUL 7	7 1982	MINES	1 1	Parthen	

DHMH - 16 50M I / 81 (VRA I 5, 4)

The state of the s

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	1 -	FOR STATE REGISTRAR	DE		ALTH AND MENTAL H	YGIENE 8	2 REG. NO	1	6 9	Esp. Ts
		CEASED NAME FIRST	WIDDLE	CMO CT		20. DATE	OF DEATH	MONTH D	AY YEAR	2b. HOUR
	3 SEX	GERAL	DINE M.	STOCI 5. DATE OF		1.105	JUL IN YEARS LAST BIRTH		1982	2:10 %
		Female	White	sept	, 18, 191	0	71	YRS.	ONTHS DAYS	HOURS MIN.
1	-	RTHPLACE (STATE OR FOREIGN COUNTRY)	U.S.A.	MARRIED WIDOWED	NEVER MARRIED !		NE ARUN			MD.
1	G	LEN BURNIE	11. NAME OF HOSPITAL, NORTH ARUND	NURSING HOME OR ESTREET ADDRESS) EL HOSPITA	OTHER INSTITUTION	(TYPE OF W	AL OCCUPATION OF FOR MOST OF HOUSEW	WORKING LIFE		F BUSINESS OR
>	13a S	AL RESIDENCE (IF NURSING HOME OF TATE 136 COU	INTY 13c CITY O		3d. INSIDE CITY LIMITS?	788	and address Gord	lon C	ourt	
0	F	THER'S NAME PRIST	Maze	eik	Petroro		WIDDLE		Waitki	us
			IVE WAR OR DATES)		7. INFORMANT -A Alber	t P.	Macey		icott	City, Md
	NO	Canditions, if any, which gave rise to immediate cause (a), stating the underlying cause last DUE TO, OR AS A CONSEQUENCE OF DUE TO, OR AS A CONSEQUENCE OF DUE TO, OR AS A CONSEQUENCE OF (c) PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART Training To Death But NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART Training To Death But NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART Training To Death But NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART Training To Death But NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART Training To Death But NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART Training To Death But NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART Training To Death But NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART Training To Death But NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART Training To Death But NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART Training To Death But NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART Training To Death But NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART Training TO DEATH But NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART Training TO DEATH But NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART Training TO DEATH But NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART Training TO DEATH But NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART Training TO DEATH But NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART Training TO DEATH But NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART Training TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART Training TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART Training TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART TRAINING TO DEATH BUT NOT								
2	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR V	196 CONDITION FOR WHICH OPERATION WAS PERFORMED					WERE FINDIN	
	MEDICAL CER	71a. ACCIDENT WAS UNDERLYING [OR CONTRIBUTING [CAUSE OF DE	HOUR A.M. MONT	19		URRED (ENTER	YES NO YES OF INJURY IN ITEM IB PART			
	WED	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY		711 LOCATION STREET		CITY OR TOW	'n	COUNTY	STATE
		22a I certify that (I) (this hosp saw the deceosed alive a abave, (I) (we) (did) (did n	1 . / 12 .		that in (my) (our) opinion	on death occu	rred an the dat			that (I) (we) last couses stated
		27b. SIGNATURE	7	M	ATTENDING PHYSICIAN	MEDICA	AL STAFF	AN 🗌	77c. DATE	18.82_
		22d. PHYSICIAN'S NAME (TYPE CHACKUMKAL V	CYRIAC, M.D				JRNACE NIE, MA	- 3 PF - 1 - 1	X - X	51
	230 B	URIAL, CREMATION, REMOVA	L 23b. DATE	23c. NAME OF CE	METERY OR CREMATOR	23d LC	CATION		COUNTY	C7 A 2 E
		Burial	7/21/82	Glen Ha	ven Mem.	Pk. G	len Bu			
	24_FU	INERAL DIRECTOR	111		25a C	ATEREC'D B	Y REGISTRARIA	SM REGISTR	ARK SIGNAT	Trape .

DHMH · 16 50M 1/81 (VRA 15, 4)

BP.

Raymond C. Fonk

Glen Burnie, Md.

JUL 21 1982 Junes Jan / bother

CHAMPINES II FERNING IN Committee to the control of the cont O MANUTAL O LANGUAGO

		REGISTRAR		CEI(111	TANE OF BEATH	REG. NO).			
		CEASED NAME FIRST	WIDDLE		AST	20 DATE OF DEATH	нтиом	DAY	YEAR	26EISHR
		ETHEL	мае	S	TRASBURG	J	ULY	17	1982	
I to E	3. SE		4. RACE	5. DATE (6. AGE IN YEARS LAST BIRTI	IDAY)	MONTHS	DAYS	IF UNDER 24 HRS
MA.)		Female	White	Ju1	y 12, 1900	82	YRS.			
100		RTHPLACE (STATE OR FOREIGN COUNTRY)	76. CITIZEN OF WHAT COUNTS	MARRIE	D NEVER MARRIED	9 BALTIMORE CITY OF ANNE ARUND				
1		ITY OR TOWN OF DEATH		WIDOWI						MD.
54	G	LEN BURNIE	11. NAME OF HOSPITAL, NUR (IF NOT IN SUCH FACILITY, GIVE STI NORTH ARUNDEL	HOSPI		17a USUAL OCCUPATIO (TYPE OF WORK FOR MOST OF Homemaker	WORKING L	IFE) INC	DUSTRY	HOme
35	130 5	STATE 13b. COL	or other institution, give residence be unity 13c. City or to nearundel Gle	NWC	134. INSIDE CITY LIMITS?	13e STREET ADDRESS 205 Jun	i j e:	r D	rive	9
020	14. FA	William	MIDDLE Hyns	on	15. MOTHER'S MAIDEN NA Emma	WIDDLE			ťů	ilder
medicol	16a. V	VAS DECEASED EVER IN U.S. A YES, NO OR UNKNOWN) (IF YES, G	ARMED FORCES? 166. SOCIAL SI		Mrs. Mild	red Saunde	s Sar ers			•
of.		18 CAUSE OF DEATH (Enter of	only one couse per line for (a), (b),	and (ci.)					APPROXIA	MATE INTERVAL
vent		PART I. DEATH WAS CAUS	SED BY: ATE CAUSE (0) Cardin		prary gr	es/				diofe
ol, cremation, ar or other traumation		Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause lost.	DUE TO, OR AS A CONSECUTION OF AS A CONSECUTIO	30/110	de cardiova	useular di	eson	e	400	715
ijury, o	Z	PART 2. OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING			AINAL DISEASE OR COND	ITION GI	VEN IN I	PART Ito	
Sws ony in	CERTIFICATION	190 DATE OF OPERATION	196. CONDITION FOR WH	CH OPERATIO	N WAS PERFORMED	200 AUTOPSY?	IN CERTI			GS USED OF DEATH?
18 34		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE	EATH HOUR A.M. MONTH	DAY YEAR	216 HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY	IN ITEM 18	PART I OR	PART 2)	
rkedor	MEDICAL	214 INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFI	CE, FARM, ETC.)	211 LOCATION STREET	CITY OR TOW	12	co	YINU	STATE
21 is me		sow the deceased alive a	pital) attended the deceased from 19	Cent	nd that in (my) (our) opinion	death occurred on the day	te ond ho	19_0 ur and f	rom the c	hat (I) (we) last ouses stated
dt. # hem		THE SIGNATURE LOI	plan mo		DEGREE ATTENDING PHYSICIAN [MEDICAL STAFF		22	1/18	IGNED S/S/
MPORTANT		TRA A	PLAN)	170	1845 OA	KNOW ROAD	GL	61.6	Burn	lie Moz
1.5		BURIAL, CREMATION, REMOVA SPECIFY) Burial	23b. DATE 21, JU! Y 82		EMETERY OR CREMATORY Haven Mem.F	23d LOCATION CITY OR TOWN PK. Glen Bu	ırni	e.	A.A.	STATE Md.
50M 4/82 5, 4)		INGLETON FU	NERAL HOME , GI		25a. DA	TE REC'D. BY REGISTRAP 2		TRAR'S		IRF.

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

THE DESCRIPTION OF THE PROPERTY OF THE PROPERT WATER CONTRACT TO A CONTRACT OF THE PARTY OF

DEPARTMENT OF HEALTH AND MENTAL HYGIEN - STATE MEDICAL EXAMINER'S CERTIFICATE OF DE REGISTRAR DECEASED NAME 2a DATE KNOWN [26 HOUR (TYPE OR PRINT) OF ESTI-Rita Frances 2819 82 Swieczkowski 6. AGE (IN YEARS | IF UNDER 1 YR 7:50 P M 3. SEX 4 RACE 5. DATE OF BIRTH DATE 52 YRS PRONOUNCED White 1930 Female DEAD 28 19 82 TO BIRTHPLACE (STATE OR 7b. CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED Maryland U.S.A. WIDOWED DIVORCED Anne Arundel County IR CITY OR TOWN OF DEATH OR INDUSTRY Pay roll clerk Government Glen Burnie North Arundel Hospital 13a STATE. 13b. COUNTY A. Glen Burnie 13d INSIDE CITY LIMITS? 110 Stevens Road Maryland NOX 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE LAST Francis Stone Selhorst Clvde Gertrude Catherine DIVISION OF 17. INFORMANT 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16h SOCIAL SECURITY NO (YES, NO. OR UNKNOWN) 216-24-9836 118 HollywoodDr Frances Prince no 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c). HIEF MEDICAL EXAMINER ALONG W USED AS A BURIAL - TRANSIT PERMIT. OF HEALTH AND MENTAL HYGIENE, D IRIAL, CREMATION, OR REMOVAL. BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (0) Multiple injuries DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gove rise to immediate couse (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying couse lost DIVISION OF VITAL RECORDS, PART 2 DTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) CERTIFICATION 190 DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? EXECUTE THE CERTIFICATE, WRITING THE WORD "P PAGE 4 SHOULD BE FORWARDED TO THE CHIEF I TO FUNERAL DIRECTOR: PAGE 3 SHOULD BE USED AFTEN DEATH, WITH THE STATE DEPARTMENT OF HE BALTIMORE, MARYLAND, 21201 PRIOR TO BURIAL, YES V NO [21a EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2 HOUR XXXMONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH MEDICAL Driver in auto/auto impact 2819 82 TI PLACE OF INJURY III. LOCATION 21d INJURY OCCURRED AT WORK D NOT WHILE STREET PACTORS, FARM, ETC.) CITY OR TOWN COUNTY STATE 710 & Rt. 10 A.A. Md. road 220 I certify that I tool and in my opinion Homicide Undetermined manner death resulted from LITLE (SPECIFY) **ACTUAL** M Debuty Chiefedical EXAMINER 7/29/82 EXAMINER'S NAME Thomas D. Smith, M.D. III Penn St. Balto., MD. (TYPE OR PRINT) 230. BURIAL, CREMATION, REMOVAL 236 DATE 23d. LOCATION 23c. NAME OF CEMETERY OR CREMATORY 8/2/1982 Dundalk, Baltimore, Md. Holy Rosary Cem. BP Burial
24. FUNERAL DIRECTOR 250. DATE REC'D, BY REGISTRAR 256 REGISTRAR'S SIGNATURE **DHMH** - 17 Raymond C. Fink Glen Burnie, Md. (VR A15 ME (5)) 20M 4/82

STATE OF MARYLAND

SOUND ELECTRIC PROPERTY. All the state of the state of the the and had offered and the

death. Page

completely filled in by the

medicol

other troumatic

n signed by the ottending physician and cai Then please remove carbon popers. Pages 1

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physic should be detoched for use as the burial-transit permit. Then please remove carbon pape with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or remaval.

IMPORTANT: If Item 21 is marked or Item 18 shay

1.	FOR STATE REGISTRAR		DEPARTMENT OF H	E OF MARYLAND EALTH AND MENTAL HYG ICATE OF DEATH	IENE 8 2	169	4 8
	CEASED NAME FIRST	RGE	7	AVIDA	20 DATE OF DEATH	AONTH DAY YEAR 21	HOUR.
3. SE		14 RACE	1/2	ナノレント	L IST	1 6000	TPM
ì	/ IY	8	5. DATE C	25 07	6. AGE (IN YEARS LAST BIRTH		FUNDER 24 HRS
	RTHPLACE (STATE OR FOREIGN COUNTRY)	76 CITIZEN OF WHA	COUNTRY? 8 MARRIE WIDOWE	D NEVER MARRIED DIVORCED	9 BALTIMORE CITY OF	RUNDEL	MD.
10 C	ONAPOLIS	11. NAME OF HOSP ANDE	TAL, NURSING HOME CO	GENERAL	120 USUAL OCCUPATIO		
13a S	STATE 13b C	AE OR OTHER INSTITUTION GIVE R	ESIDENCE BEFORE ADMISSION) CITY OR TOWN APOUS	13d INSIDE CITY LIMITS?	13e. STREET ADDRESS	SEY AVE	
14 F/	ROBERT	MIDDLE SMI	H LAST	15. MOTHER'S MAIDEN NA	ME	TAYLO	R
	VAS DECEASED EVER IN U.S YES, NO OR UNKNOWN) (IF YES	ARMED FORCES? 166 S. GIVE WAR OR DATES)	34-14-0081	17 INFORMANT ALMA RUFFIN	417 W. Clay	St. Richmond	l, Va.
	18. CAUSE OF DEATH (Enter PART I. DEATH WAS CA IMME! 4100 Conditions, if ony, which gove rise to immediate couse to, stating the underlying cause lost	DUE TO, OR AS	A CONTEQUENCE OF	And Dry	lardin 803	APPROXIMA BETWEEN ONS 2- O	TE INTERVAL SET AND DEATH
NOL	PART 2 OTHER SIGNIFICAL		BUTING TO DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR COND	ITION GIVEN IN PART 115	
CERTIFICATION	190. DATE OF OPERATION	196 CONDITION	FOR WHICH OPERATIO	N WAS PERFORMED	20a AUTOPSY?	20b. IF YES, WERE FINDING! IN CERTIFYING CAUSES OF YES	
MEDICAL CER	27g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE O (IF EITHER, NOTIFY MEDICAL EXAM	F DEATH HOUR A.M.	JRY MONTH DAY YEAR 19	216 HOW INJURY OCCURE	RED (ENTER NATURE OF INJURY	IN ITEM 18 PART 1 OR PART 2)	in.
MEDI	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE OF IN (AT HOME STREET, FA	JURY CTORY OFFICE, FARM, ETC.)	21f. LOCATION STREET	city or tow	N COUNTY	STATE
	sow the deceased alive above, (I) (year (did) (dig	-1/2/-	eosed from 19 52 , on	d that in (my) (our) opinion (, to	, 19 82, the	ot (I) (me) lost uses stoted
	22b. SIGNATURE	/)		DEGREE		224 DATE 610	

BP.

etoined by the haspital or

24 FUNERAL DIRECTOR DHMH - 16 50M 1/81 (VRA 15, 4)

230. BURIAL, CREMATION, REMOVAL BURIAL

224_PHYSICIAN'S NAME (TYPE OF PRINT)

REESE & SONS MORTUARY, P.A.

23b. DATE

7-30-1982

MEM. PARK

22e ADDRESS

23c NAME OF CEMETERY OR CREMATORY

ATTENDING

23d LOCATION
CITY OR TOWN
Annapolis

MEDICAL

COUNTY

STAFF

DIRECTOR | PHYSICIAN

A SHOP OF THE PARTY OF THE PART FV CS SET OF BONE TO BE GOVE A REALDER TOTAL CHOICE STATE CHOICE SHI YOUNG TO X X KUMANIA LARD ON The state of the state of TANK I'M OWN ALLA MARKE WAS TO THE THE THE THE THE The Market Market The third is the second of the second The miles of some 25 - 27/2 - 51 The state of the second State of Line and treated the San Property Services of the San Ser

	STATE OF MARYLA
FOR	DEPARTMENT OF HEALTH AND W

ND MENTAL HYGIENE 8

	REGISTRAR			CERTIF	ICATE OF D	EATH	RE	G. NO.		
1. D	ECEASED NAME FIR	51	MIDDLE		ASI		20. DATE OF DEA		DAY YEAR	26 HOUR
(,,,,	-E OR PRINT)	MiAn			auli			1-	4.82	19824
3 SI	X	4. RACE		5. DATE O			6. AGE (IN YEARS LA	ST BIRTHDAY)	IF UNDER 1 YEAR	IF UNDER 24 HRS
1	Emale	NEGRO		5	21	1915	67	YRS	MONTHS DAYS	HOURS MIN
70 E	SIRTHPLACE (STATE OR FOREIG	N 76 CITIZEN O	F WHAT COUNTRY?	8 AA A PRIE	D X NEVER M	APPIED [9 BALTIMORE CI	TY OR COUN	TY OF DEATH	
_	ARYLAND		.S.A.	WIDOW	DIV	ORCED	ANNE A	PUNDE	e Co	MD.
	LLL OF DEATH	L LULE	HOSPITAL, NURSIN UCHEACILITY, GIVE STREET COLUMBIE	ADDRESS)	CHUTCH	TUTION	12a USUAL OCCU (TYPE OF WORK FOR M	PATION	12b. KIND C INDUSTRY	OF BUSINESS OR
M.	ARYLAND	OME OR OTHER INSTITUTIO COUNTY A.A.	13c. CITY OR TOWN	N	13d. INSIDE CIT	Y LIMITS?	DORSEY	AVE. &	KIRBY L	ANE
14. F	ATHER'S NAME FIRST THOMAS	MIDDLE	JOHN SON		15. MOTHER'S BER		ME	DEE	JONES	51
160	WAS DECEASED EVER IN U.	S. ARMED FORCES?	166 SOCIAL SECU	RITY NO.	17 INFORMAN	1T	A	DDRESS Ar	napolis	
1	(1E)	es, GIVE WAR OR DATES)			GEORGE	TAYLO	OR Dorsey	Ave. 8	k Kirby	Lane
	18 CAUSE OF DEATH IEM PART I. DEATH WAS C	ter only one cause po	er line far (a), (b), and	dick.		211			BETWEEN	MATE INTERVAL ONSET AND DEATH
		EDIATE CAUSE (a)_	Ventre	are	wit	1 bul	(Arion	n.		
	4140		OR AS A CONSEQUE	and d	- 1	~ b	.: 0.	0	PILM	
	Canditions, if any, whi gave rise to immedia		unge	2141	ce ne	u f	dulle	<u> </u>		
	couse (a), stating to underlying cause la	he DUETO,	DR AS A CONSEQUE	A 1	Lenen	Dens	a blanca	D:	.0	
	PART 2 OTHER CICAUCIC	(c)_	www		MUOSC	econ	C HEELLY	DISON	w	
Z	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN									0
CERTIFICATION	190 DATE OF OPERATION	196 CONI	DITION FOR WHICH	OPERATIO	N WAS PERFOR	MED	200 AUTOPSY?	IN CER	ES, WERE FINDING CAUSES	
E.	21a. ACCIDENT WAS UNDERLYIN	110	OF INJURY A.M. MONTH DA	V VEAD	21c HOW INJ	URY OCCURR	RED (ENTER NATURE OF			
CAL	OR CONTRIBUTING CAUSE	OI DEATH	P.M.	19						
MEDICAL	216 INJURY OCCURRED	LAT HOME S	OF INJURY TREET FACTORY OFFICE, FA	ARAL ETC. I	211 LOCATION	V	CITY	OR TOWN	COUNTY	STATE
[AT WORK AT WORK							14.		
	220 I certify that (1) this		1	-	one	, 19 78	, ta		. 19 0 .	tha (1) (we) last
	sow the deceased ali abave,(1) we)(did) (lid no view the bad	y after death.		- Sec.	aur) opinian c	death accurred an t	he date and h	aur and fram the	causes stated
	22b. SIGNATURE	~0		•	PEGREE	TENDING >	MEDICAL	CTAFF	22c DATE	SIGNED
	/ luse	Jan	rauss	m		TENDING YSICIAN	DIRECTOR PH	STAFF IYSICIAN [1/	8186
	1220 PHYSICIARYS NAME	TYPE OHPRINT)	AMAR	100	22e ADDRESS	51	Ridge	Dis a	ene.	Annant
23o	BURIAL CREMATION, REMO	DVAL 236. DATE		IAME OF C	EMETERY OR CI	REMATORY	214 LOÇATION	1	-	12/1/2
1	BURIAL	7-8-	1982 PI	NELA	NN MEM.	PARK	ANNAPO	LIS	A.A. MA	RYLAND
24 F	UNERAL DIRECTOR	Anna	polis, ould.			250 DATE	E REC'D. BY REGIST			אדב ארשט
W.	ILLIAM REESE	& SONS MO	RTUARY P	Α.		-	ANT A 18	187 486	and ga	STATE OF THE STATE

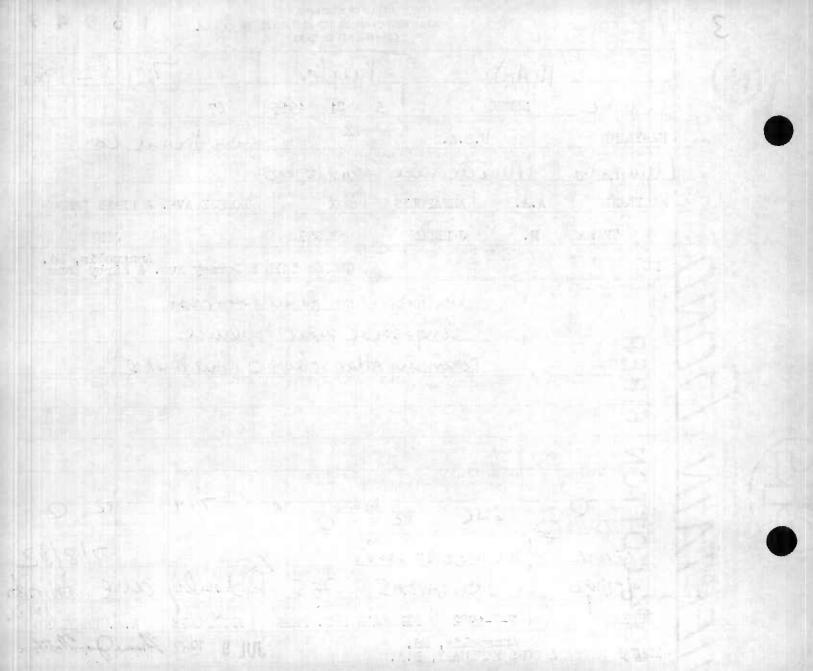
DHMH - 16 50M 1/81 (VRA 15, 4)

shauld be detached for use as the burial-transit permit. Then please remove corban papers. Pages with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

TO FUNERAL DIRECTOR: After this certificate has been

TO HOSPITAL OR ATTENDING PHYSICIAN: The law etained by the haspital or attending physician. MPORTANT: If Item 21 is marked ar Item 18 shaws any

injury, or other troumatic event, the



medical exam

MPORTANT: If Hem 21 is morked at Item 18 shows any injury, or other traumatic event, the

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE &

	1-	FOR STATE REGISTRAR			DEP		EALTH AND MENTAL HY	GIENE 8	REG. NO.	6 9	5	u	
		CEASED NAME	1901	1 "	PDDLE		AST	2a DA	TE OF DEATH MONTH	DAY YEAR	2b HC	OUR NO	
		1110	RU		L.	1 /	Dimas		7	73	AM C		
100	1. SEX	0 1	6	ACE	11	5. DATE C		6 AGE	(IN YEARS LAST BIRTHDAY)	IF UNDER I YE	AR IF UND	ER 24 HRS	
		tema	10	Ca	uc	3	24 17		(5 YF		HOURS	MIN.	
20		ETHPLACE LINES OF	OIEGN 76	CITIZEN OF V	VHAT COUN	ITRY? 8	D NEVER MARRIED	9. BAL	TIMORE CITY OR COU	NTY OF DEATH			
9		mapolis/Ma	ryland	US.	A	WIDOWE			WE ARUN	Del C	0	MD.	
3	1	Was Dis	((IF NOT IN SUCE	FACILITY, GIVE	STREET ADDRESS)	exal Hope	(TYPE O	OUSEWIFE OUSEWIFE		O OF BUSII	VESS OR	
35	13a. S	AL RESIDENCE (IF NURS TATE ryland	13b COUNT	Arunde	13c. CITY OR	TOWN	13d INSIDE CITY LIMITS? YES 🔼 NO 🗌	13e. STI 224	reet address 42 Cedar Av	enue			
7/	14 FA	THER'S NAME	MI	DDLE	LASI	ī	15 MOTHER'S MAIDEN N	AME	MIDDLE		LAST		
61		Joseph	В.		Hughe	S	Carolline		C. Wi	ncheste	r		
1		VAS DECEASED EVER	IN U.S. ARME		166 SOCIAL	SECURITY NO.	17 INFORMANT		ADDRESS				
1			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	on DATES	212-18	3-3735	Walter H.	Thom	as (same	as 13e)			
		18 CAUSE OF DEATH (Enter only one couse per in for (a), (b) and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) ONE TO ONE A CONSTRUCTOR											
		Conditions, if ony, which gove rise to immediate (b) Conditions (Conditions)										cels	
		gove rise to imm couse (a), statin underlying couse		DUE TO, OR	AS A CONS	EOUENEE OF		/					
	NOI	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110										195	
2	CERTIFICATION	19a DATE OF OPERAT	ION	796. CONDIT	ION FOR W	HICH OPERATIO	N WAS PERFORMED	20a YES	IN CE	YES, WERE FINI RTIFYING CAUS YES	DINGS US SES OF DEA NO	ATH?	
9		? To ACCIDENT WAS UND OR CONTRIBUTING CO (IF EITHER NOTIFY MEDIC	AUSE OF DEATH	21b. TIME OF HOUR A.A P.A	A. MONTH	DAY YEAR	21c. HOW INJURY OCCU	RRED (EN	ITER NATURE OF INJURY IN ITEM	18 PART 1 OR PART 2)	-	
•	MEDICAL	21d INJURY OCCURR WHILE NOT WH AT WORK NOT WHOSE	RE 🗆	21e. PLACE C	F INJURY ET, FACTORY, OF	FFICE, FARM, ETC.)	216 LOCATION STREET	11	CITY OR TOWN	COUNTY	30	STATE	
		220 certify that (I)		more than	defended to	· 7/	27 10 8	>	7/20	10 62	- the state	(we) lost	
		sow the decease	d alive on_	1124	11/	11	id that in (my) (our) opinion	n death oc	curred on the date and	hour and from t		, ,	
		27b. SIGNATURE	id) (and not)	test the bosty o	her leoth.		DEGREE		-/		TE SIGNEI		
		Vote:	FUC	LOO	(Las)		ATTENDING PHYSICIAN		ICAL STAFF	7/	30/	82	
1		PASICIAN'S NA	ME (TYPE OR P	(FRK	Oui	omo	LAND ONCE	of As	Anna	Washin	1)/4	22	
		URIAL, CREMATION,	REMOVAL	23b DATE		23c NAME OF C	EMETERY OR CREMATORY		OCATION	100-11-90			
	É	urial		08-03-	82	Lakemon	t Cemetery	I	avidsonvil]	Le, CANTA.	, Mo	ASTATE	

BP. DHMH - 16 50M 1/B1 (VRA 15, 4)

1212 West St., Anna., Md. Beall Funeral

25a. DATE REC'D. BY

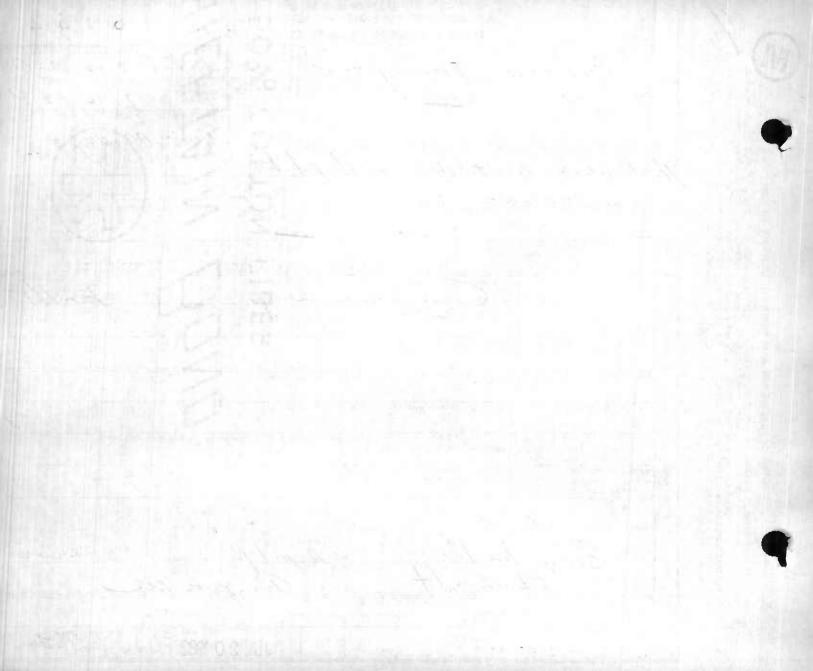
Mance

and Jacquest English 2571 32-815 THE PART OF THE PARTY OF THE PA The state of the s

STATE OF MARYLAND

The state of the s Market State of the Land State of the Control of th

-6	1-	FOR	film #G6 item # _]	508-10/25/ L5 ME	DEPARTME	NT OF HEALT	MARYLAND H AND MEN CERTIFICA	TAL HYGIEN	TH REG. N	6 9	5 2
M) AND E		CEASED NAME PA	ome/	22	That	m D.50	LAST		2a. DATE KNOWN DOF ESTI-	MONTH DA	
CESSARY, PLEAGORS OF YOUR FLEE WITHIN 72 HOUR PLEE	1 SE	M	V	DATE OF BIRTH	1922	60 YRS.		UNDER 24 HRS.	2c. DATE PRONOUNCED DEAD	7 1C	19 FZ P
岁555	FC	S.C	35	USA		MAR WIDO		IVORCED [9. BALTIMORE CITY	gruve	Ye L MI KIND OF BUSINESS
OEAVIS 310 NEF 310 NEF	7	AL RESIDENCE (IF IN NI	IRSING HOME OR	VOR H	ACILITY, GIVE STREET ARUG GIVE RESIDENCE BEFO	DRE ADMISSION)	/asp. /2	_ FOR	MOST OF WORKING LIFE)		OR INDUSTRY
RE, MD. 21301 EATH. IF ANY DELA FES 1, 2, AND 3101 N PM 3. RETAIN PA ND 2 SHOULD BE FES 1, 2, AND 2 SHOULD BE FES 1, AND 2 SHOUL		TATE Md ATHER'S NAME FIRST	Anne A		Glen	Burnie		MAIDEN NAME		rive	LAST
0 005 50	16a. V	ENTY VAS DECEASED EVER ES, NO, OR UNKNOWN)		ED FORCES?	Thomps	SECURITY NO.	I I INFORMAN	VT.	ADDRES	S	mpson
ST., BALT OURS AFI 18. GIVE S WITH F ANT. PAGE E, DIVISIC	-	Yes 18 CAUSE OF DEA PART I DEATH V	TH (Enter only /AS CAUSED I	ane cause per		.2-3133 d (c).)	Margare	t Thomp	son 471 Li	ncoln D	rive APPRICEMATE PUTERAL ETWEEN CHISET AND DEATH
ITAL RECORDS, 201 W. PRESTON ST., BALTIMA HOULD BE EXECUTED WITHIN 24 HOURS AFTER RD."PENDING" IN PENCIL IN 1EA 18. GIVE PA HIEF MEDICAL EXAMINER ALONG WITH FOR USED AS A BURRAL-TRANSIT PERMIT. PAGES 1 OF HEATH AND MENTAL HYGIENE, DINISION IRIAL, CREMATION, OR REMOVAL.		Canditians, if gave rise to couse (a) statin lying cause last	any, which immediate the under-	CAUSE (a) DUE TO, O	R AS A CONSEC	QUENCE OF	- pe	of the same of the	34	*	united
S CERTIFICATE SHOULD BE EXECURITING THE WORD "FENDING" RDED TO THE CHIEF MEDICAL RE 3 SHOULD BE USED AS A BUR E DEPARTMENT OF HALTH AND OUT PRICK TO BURIAL, CREMATH	CATION	PART 2 OTNER SIGNIFICAL				TO THE TERMINAL DISE				[2]	0 AUTOPSY?
DIVISION OF VITAL I E. THIS CERTIFICATE SHOUL E. WRITING THE WORD "" RWARDED TO THE CHIEF STATE DEPARTMENT OF HIS STATE DEPARTMENT OF HIS V, 21201 PRIQR TO BURIAL.	CALCERTIFICATION	210 EXTERNAL CAL UNDERLYING CONTRIBUTING	OR		M. MONTH DA	AY YEAR	HOW INJURY OC	CCURRED LENTER	NATURE OF INJURY IN ITEM 1:	8 PART 1 OR PART 2)	YES NO
DIVISICE THE CERTIFY WRITING WARDED TO A MARCE 3 SHOWN ATE DEPARED PRICES 1201	MEDICAL	21d. INJURY OCCUR WHILE NOT AT WORK AT V	WHILE D		OF INJURY (/ CTORY, FARM, ETC.)	AT HOME, 21f. L	OCATION STREET		CITY OR TOWN	COUNTY	STATE
XAMINER ERTIFICATION BE FOUND			I taok charge	at the remains de Causes ,	Accident .	held an Auto	apsy , In , Hamicide TITLE (SPEC	CIFY)	Inquiry , a dermined manner	DATE SIGNED_	7.1652
TO MEDICAL E EXECUTE THE PACE 4 SHOUL A FIER DEATH BALLIMORE, M	720 5	EXAMINER'S NAME (TYPE OR PRINT)		Lubr	ndf	AE OF CEMETERY	_ADDRESS	True	cation ne	2	
BP	(Burial UNERAL DIRECTOR		7/21/82		eteran (Cemetery	DATE REC'D. B	crownsville	COUNTY SISTRAP'S SIGN	Md STATE
DHMH - 17 (VR A15 ME (5))	-	lliam C. N	March F	/H 1101		th Ave	[230.	JUL 2			Marthen



STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

5 6

/		FOR STATE REGISTRAR		DEPARTMENT OF H	1 6	9 5 3		
		CEASED NAME FIRST	A RACE	F.,	TODIN	20. DATE OF DEATH	7-15-80	2 75 m
1	70 B	IEHALE IRTHPLACE (STATE OR FOREIGN)	White of what of	MONTH COUNTRY? 8.	D NEVER MARRIED	73		DAYS HOURS MIN.
1	M:	ash. D.C.	USA NAME OF HOSPITA (IF NOT IN SUCH FACILITY	WIDOWE			TION 12b. KI OF WORKING LIFE) INDU	MD. IND OF BUSINESS OR PTelephone
5	13a.	AT RESIDENCE HOMEORG	THER INSTITUTION GIVE RESIDENCE TO 13 C. C.I.	DENCE BEFORE ADMISSION) YOR TOWN dgewater	13d. INSIDE CITY LIMITS?	13e SIREEL ADDRESS Mayo		
2	14. FA	THER'S NAME Charles	Tobi	n LAST	15 MOTHER'S MAIDEN N Mary	AME	Ohara	LAST
	16a V	VAS DECEASED EVER IN U.S. ARM YES, NO OR UNK NOW) (IF YES GIVE	MED FORCES? 16b SO WAR OR DATES)	7-01-1796	John M.	ADDR Power 111 P		Maryland
	NO	Conditions, if ony, which gove rise to immediate couse (o), stating the underlying couse lost. PART 2 OTHER SIGNIFICANT CO	DUE TO, OR AS A C	CONSEQUENCE OF	NOT RELATED TO THE TER	MINAL DISEASE OR COM	NDITION GIVEN IN PA	RT 1(a
1	CERTIFICATION	190. DATE OF OPERATION	196 CONDITION FO	OR WHICH OPERATIO	n was performed	200 AUTOPSY?	20b. IF YES, WERE F IN CERTIFYING CA YES	
7	MEDICAL CER	216. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEAT (IF EITHER NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED WHILE NOT WHILE AT WORK 220.1 certify that (I) this hospite sow the deceased alwayon above. (I) well did (did not.) 22b. SIGNATURE	P.M. 21e. PLACE OF INJU (AT HOME STREET, FACTO DI) oftended the deceo-	DNTH DAY YEAR 19 RY DRY, OFFICE FARM ETC.) sed from 19 22 , or	211 LOCATION STREET 19 Out of the tingmy our) opinion DEGREE ATTENDING PHYSICIAN	RRED (ENTER NATURE OF INJ	OWN COUNTY 15 19 19 19 19 19 19 19 19 19 19 19 19 19	state
1	22- 6		DLE	72. NAME OF C	121 CATITE	DRAL A	NNAPOLIS	s Md
		BURIAL, CREMATION, REMOVAL BUYIAL	7-17-82		EMETERY OR CREMATORY	23d LOCATION CITY OF TOWN Wash.	D.C.	STATE

DHMH - 16 50M 1/81 (VRA 15, 4)

BP.

ADDRESS T.A. Hardesty Annapolis 21401

JUL 20 1982

TENNITE TOWNS of January and cold in the second and a second water The year of the state of the same of the s ACCULA MANAGE

FOR

- STATE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE & CERTIFICATE OF DEATH

REGISTRAR REG NO DECEASED NAME 20 DATE OF DEATH MONTH 2b. HOUR TYPE OR PRINTI July 18, 1982 Rosario Gabriel Torre 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER TYEAR 66 9 BALTIMORE CITY OR COUNTY OF DEATH Anne Arundel 12a USUAL OCCUPATION 126. KIND OF BUSINESS OR TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Cost Acc't. Coppers Co. 13e. STREET ADDRESS 1505 Church Lane, Ferndale William Torre, son, same as 13 APPROXIMATE INTERVA PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 20a AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) CITY OR TOWN COUNTY STATE (my) (aur) opinion death accurred an the date and haur and from the causes stated 22c. DATE SIGNED ATTENDING MEDICAL STAFF
PHYSICIAN TO PHYSICIAN TO 7/19/82 8667 Ft. Smallwood Road, Pasadena, Md.

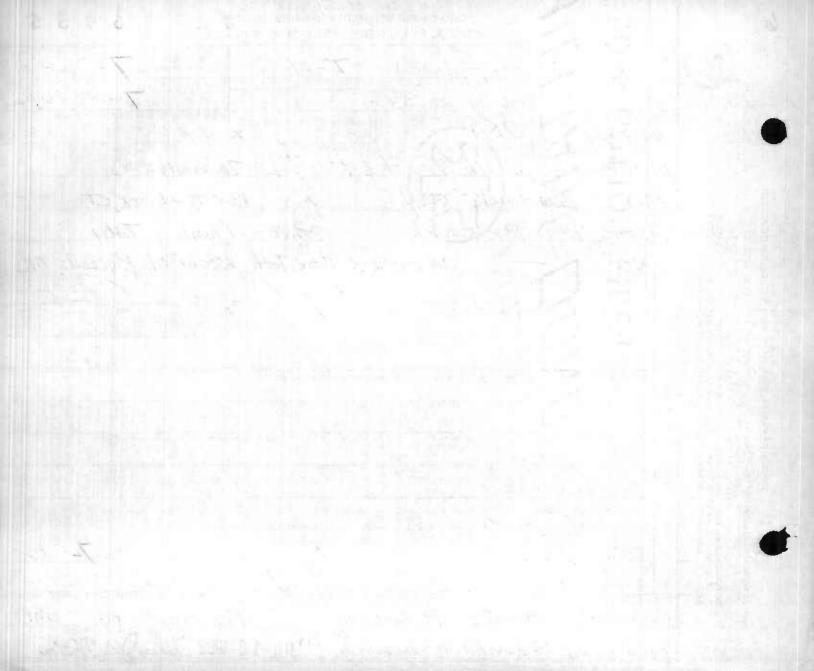
Burial 21 July 82 24 FUNERAL DIRECTOR

James S. Kirkley, Glen Burnie, Md.

DHMH - 16 50M 1/B1 (VRA 15, 4)

Some of the same and the

			STATE OF MARYLAND						
6	1.	FOR STATE	DEPARTMENT OF HEALTH AND MENTAL HYGIENE 2	9 5 5					
all no.		REGISTRAR	MEDICAL EXAMINER'S CERTIFICATE OF DEATH REG. NO.						
1-10		ECEASED NAME FIRST	MIDDLE LAST ZO. DATE KNOWN MONTH	DAY YEAR 26 HOUR					
w.L.M	(1)	PE OR PRINT)	OF ESTI-						
20131	3. SE	X 14. RACE		17- M					
A DE TIS	3.00		MONTH DAY YEAR LAST BIRTHDAY) MONTHS DAYS HOURS MINI PRONOUNCED	201000					
ARY NOUR TON S	200	r w	JUAE 28 29 53 YRS. DEAD 5-	-5 1082 AM					
ECESSARY INFERAL DIG FOR YOU WITHIN 72 PRESTON	7a. E	BIRTHPLACE (STATE OR OREIGN COUNTRY)	76. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9. BALTIMORE CITY OR COUNTRY	NTY OF DEATH					
学会できた。	1 7	HUNGARY	WIDOWED DIVORCED DIVO	MD.					
	10. 0	TITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120 USUAL OCCUPATION (TYPE OF WORLD	126. KIND OF BUSINESS					
DELAY N PAG N PAG DS, 201	49	lew BURDIE	(IF NOT IN SUCH FACILITY, GIVE STREET ADDRESSY) FOR MOST OF WORKING LIFE)	OR INDUSTRY					
DE SON	ØSU	AL RESIDENCE (IF IN NURSING HOME	OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)						
ANY AND AND AND SETAL	13a.	STATE 13h COUN		n+					
D. 2 2, 3. S.H.	- 1/4			CI					
BALTIMORE, MD. 21201 S. AFIER DEATH. IF ANY DELA GIVE PAGES 1, 2, AND 3100 ITH FORM PM. 3. REFAIN PA PAGES 1, AND 2 SHOUD BE INISION OF WIALLESS	7	ATHER'S NAME	MIDDLE IS MOTHER'S MAIDEN NAME MIDDLE	LAST					
A A ES	-11	ERENC (NMI)	KEICHENDACH ETHYL (NMI) 1A	0/					
ALTIMA AFTER IVE PA H FOR AGES I	1 160.	WAS DECEASED EVER IN U.S. AR YES, NO. OR UNKNOWN) (IF YES, GIVE	WAR OR DATES)						
BALTIMORE, S AFTER DEA GIVE PAGES TITH FORM P PAGES 1 AN		NO -	218-54-9848 FETZE Joth 6500618-Pl. Kil	CRAAIS MA					
HOURS M 18. G MG WIT RMIT. P. RN. DIV.		18 CAUSE OF DEATH (Enter on	ly ane couse per line far (a), (b), and (c).)	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH					
N ST	5	PARTI DEATH WAS CAUSE	DBY: (0) Or mare level lesene	BA WEEN ONSET AND DEATH					
PRESTON ITHIN 24 H CIL IN ITEM ANSIT PER AL HYGIEN REMOVAL		4149	DUE TO, OR AS A CONSEQUENCE OF						
WITHIN NCIL IN INDEX A		Canditions, if any, which							
A NINC		gove rise to immediate cause (a) stating the under-	(b)						
201 W. JIED W. IN PEN EXAMI		lying cause last.	DOE TO, ON NO A CONSEQUENCE OF						
RDS, 201 V EXECUTED ING" IN PE ING EXAM A BURIAL- H AND MEI MATION, C	8	BART 2 OTHER CICHICICARY CONOUTIONS	(c)						
TO MEDICAL EXAMINER: THIS CERTIFICATE SHOULD BE EXECUTED WITHIN 24 HOURS AFTER DELECTOR THE CRATIFICATE, WRITING THE WORD "FENDING" IN PENCIL IN ITEM 18. GIVE PAGE PAGE 4 SHOULD BE FORWARDED TO THE CHIEF MEDICAL EXAMINER ALONG WITH FORM 18 FOR DIRECTOR, PAGE 3 SHOULD BE USED AS A BURIAL "TRANSIT PERMIT. PAGES 1 AND THE RATH, WITH THE STATE DEPARTING TO HEALTH AND MENTAL HYGIENE, DIVISION OF BALTIMORE, MARYLAND, 21201 PRIOR TO BURIAL, CREMATION, OR REMOVAL.	z	TAKE Z OTNER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a).						
END BE AS A STATE OF SECOND SE	CERTIFICATION								
VITAL RE SHOULD ORD "PEI CHIEF N E USED / IT OF HE/	2 2	190. DATE OF OPERATION	196. CONDITION FOR WHICH OPERATION WAS PERFORMED?	20 AUTOPSY?					
VITAL SHOUL ORD " CHIEF BE USEE VI OF H				YES NO					
O PENE	3	210 EXTERNAL CAUSE WAS	21b. TIME OF INJURY HOUR A.M. MONTH DAY YEAR 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART) OR I	PART 2)					
S STOOMS	0 3	UNDERLYING OR CONTRIBUTING CAUSE OF							
DIVISION OF S CERTIFICATE RITING THE W RDED TO THE E ES SHOULD E E EPPARTMEN.	MEDICAL	21d. INJURY OCCURRED	21e PLACE OF INJURY (ATHOME, 21f. LOCATION						
SIS CARITY ARITY A	¥	WHILE NOT WHILE AT WORK	STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN	OUNTY STATE					
THIS E, WR WARI STATE									
EXAMINER: CERTIFICATE JID BE FOR WITH THE S MARYLAND,		22a. I certify that I took share	e of the remains described above, held an Autapsy 🔲, Inspection 🗔 Inquiry 🔲 and in my	apınian					
MER DES		death resulted from Natu	auses , Accident , Suicide , Homicide Undetermined monner ,						
WAN WAR	- 1	1000 / // 1	TITLE (SPECIFY)	-/					
A H H H H H H H H H H H H H H H H H H H		SIGNATURE	M.D. Deput 9 MEDICAL EXAMINER SIGN						
DIC TE T TE T OR SOR SOR SOR SOR SOR SOR SOR SOR SOR	1-3	6	1 , 1/						
MEDICAL I ECUTE THE GE 4 SHOU TRUNEATH, TRUNEATH, LIMORE, M	7	EXAMINER'S NAME (TYPE OR PRINT)	LIUMARIT ADDRESS HUNGAUS- MI						
5 2 6 6 7 9 8 9 9 9 9 9 9 9 9 9 9	23a.		36. DATE 231. NAME OF CEMETERY OF CREMATORY 231 LOCATION	AINITY					
BP	(REMATION	145uly82 Ft, Lineoly DEENTWOOD F	in mo					
	24	UNERAL DIRECTOR	LAN har 250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S	SIGNATURE					
DHMH - 17 (VR A15 ME (5))	6	NAME COOL LE	Inhan Fly 928 Ana post & Bo marin 16 1982 The	W-te					
15M 2/80	-	4131 CKANT	TILL TO THE PARTITION OF CHANGE AND THE PROPERTY OF THE PARTITION OF THE P	and who were					



1	FOR STATE REGISTRAR			DEPARTA	MENT OF H	E OF MARYLAND EALTH AND MENTAL HYO ICATE OF DEATH	GIENE 8	REG. NO.	1	6 9	5	6
	CEASED NAME E OR PRINT)	Howa.		Clifton		Truitt, Sr	2a. DATE O	July	26,		26 HOU	IR M
3. SE	Male		4. RACE Whit	te	5. DATE C	DAY YEAR		YEARS LAST BIRTHD		ONIHS DATS	IF UNDER	24 HRS MIN,
	RTHPLACE (STATE COUNTRY) Maryland	d	U.S	WHAT COUNTRY?	WIDOWE			ne Aru	COUNTY		nty	MD.
C	len Bur	nie	105 I	ourth A	venu	ROTHER INSTITUTION LE S.E.		OCCUPATION		12b KIND O INDUSTRY ruct I	ons	SS OR
13a.	AL RESIDENCE (IFNE STATE Laryland	136 COUN A	ITY	give residence before 134 CITY OR TOWI Flen Bur	N	136 INSIDE CITY LIMITS? YES NOX	130 STREET 1.05	ADDRESS Fourt	h A	venue	S.E	
	Edwin		MIDDLE	Truitt		Virgin	ia	MIDDLE	N-	Hitc	hen	s
16a \	VAS DECEASED EVE YES NO OR UNKNOWN)		MED FORCES?	213.12.		Mrs. Rose	- /	address cuitt	San	ne as	#	13
7	Canditians, if ar gove rise to it couse (a), sta underlying cau	y, which mmediate ting the se lost	DUE TO, OF (c)	R AS A CONSEQUE R AS A CONSEQUE ONTRIBUTING TO D	NCE OF	NOT RELATED TO THE TERM	MINAL DISEAS	e or condit	ION GIVE	N IN PART 110	ww	
CERTIFICATION	19a DATE OF OPER				OPERATION	N WAS PERFORMED	20a AUTO	NO	YES			
MEDICAL CE	21a. ACCIDENT WAS U OR CONTRIBUTING (IF EITHER NOTIFY ME 21d INJURY OCCU	CAUSE OF DEA	/n	m. month da m.	Y YEAR	216. HOW INJURY OCCUR	RED (ENTER NA		NITEM 18 PAI	Y	ř,	
W	22a I certify that (saw the deced obove, (1) (we)	ised alive on	al) attended th	20 10	6/2	d that in (my) (our) apinion	death accurre	ed an the date	and hour		that (1) (v	we) last
	22b. SIGNATURE 22d. PHYSICIAN'	Legy MARE (TYPE O	PRINTI EINE	lleu	<u>~</u>	ATTENDING PHYSICIAN [MEDICAL FORECTOR	STAFF PHYSICIAL	Ele (27 ° J		82
	BURIAL, CREMATION	, REMOVAL	23b. DATE	23c. N	AME OF C	EMETERY OR CREMATORY	23d. LOCA	ATION OR TOWN	1	COUNTY		TATE

DHMH - 16 50M 1/B1 (VRA 15, 4)

BP.

24 FUNERAL DIRECTOR NAME Singleton ADDRESS Glen Burnie, me MD. Funeral Home

Meadowridge

LOCATION CITY OR TOWN

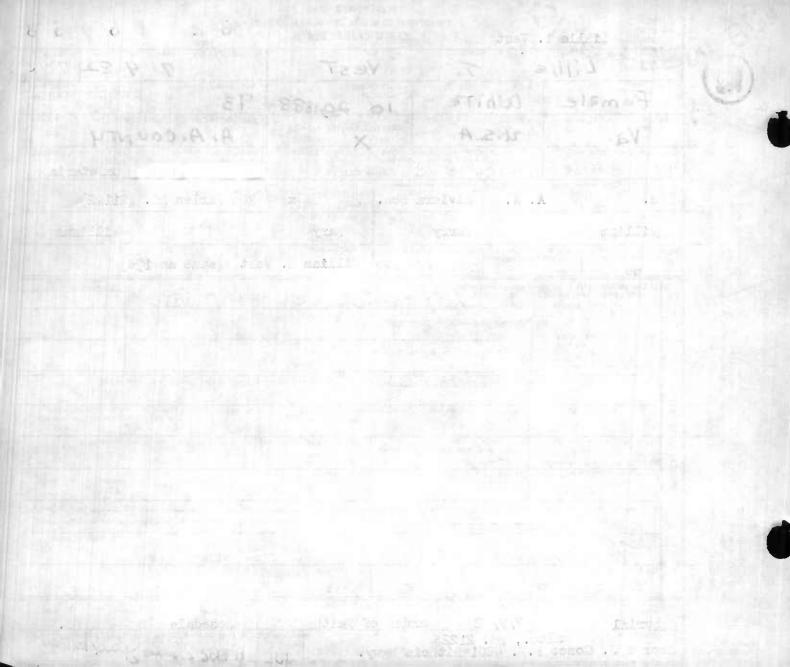
9

Of least of the feeling that reside the order to be the second and 103-17-09-17-19

(VRA 15.4)

STATE OF MARYLAND

Marsonwall A Some of the As County ANNOTOLIS OF ANNE PHILADER SERVE MULL ABOUT TO WAR WELL TO CONTRACT TO CONTRACT OF THE PARTY OF THE PAR JEHN B WILLIAM LANGENIA ALDEN DINGAL 7-30-BARDERNER CEN SILLER BALLERY GOLDEN



ON SERVER MAIN YOU المساور بعدا عامد الاكرابيد لأصادا الاي الما الانجار ALLEY STATES OF THE state of the s THE HAR WIND HOLD BEING THE WAS DEAD AND THE QWI shemilik dazansak

	STATI	OFM	ARYL	AND	
EPARTMENT	OF H	EALTH	AND	MENTAL	HYGIEN
CE	RTIF	ICATI	E OF	DEATH	

2g. DATE OF DEATH MONTH WALLACE JULY 18,1982 N. IF UNDER LYEAR DATE OF BIRTH 6 AGE (IN YEARS LAST BIRTHOAY) Sept 1918 BALTIMORE CITY OR COUNTY OF DEATH MARRIED TONEVER MARRIED U.S.A. ANNE ARUNDEL COUNTY WIDOWED 12b. KIND OF BUSINESS OR Sales William T. Burnett

O CITY OR TOWN OF DEATH ORTH ARUNDEL HOSPITAL GLEN BURNIE

130. STATE

4. RACE

13d INSIDE CITY LIMITS? Baltimore Maryland Randallstown YES [

4 FATHER'S NAME James Norman

60 WAS DECEASED EVER IN U.S. ARMED FORCES?

GEORGE

FOR - STATE REGISTRAR I. DECEASED NAME

TYPE OR PRINT

Mary Land

YES NO OR UNKNOWN)

Male

BIRTHPLACE (STATE OF FOREIGN

3. SEX

(IF YES GIVE WAR OR GATES)

18 CAUSE OF DEATH Enter only one cause per ling for (a), (b), and jo

Wallace

16b. SOCIAL SECURITY NO. 216-05-0005

17 INFORMANT P.O. Box 344

Mrs. George Wattace Randallstown, MD.

13e STREET ADDRESS

21133

21133

PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF

Canditians, if any, which gave rise to immediate cause (a), stating the underlying cause

710 ACCIDENT WAS UNDERLYING

21d INJURY OCCURRED

OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER

8928 Church Lane

Robbins

CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART TO

NO CO

15. MOTHER'S MAIDEN NAME

190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED

21b. TIME OF INJURY

P.M

21e PLACE OF INJURY

211 LOCATION

206 IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES [NO [

HOUR A.M. MONTH DAY YEAR

NO

20n AUTOPSY?

21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PARES OR PART 2)

CITY OF TOWN

STATE

saw the deceased alive anabave, (1) (we) (did) (did not) view the bady after death 22b. SIGNATURE

NOT WHILE

22d. PHYSICIAN'S NAME (TYPE OF PRINT

220.1 certify that (1) (this haspital) attended the deceased fram_

AT HOME STREET FACTORY OFFICE, FARM, ETC I

ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN

19 82 and that in (my) (aur) apinian death accurred an the date and haur and from the causes stated

171 DATE SIGNED

SURYA P. MUNDRA, M.D.

EAST PATAPSCO AVENUE BALTIMORE, MARYLAND

230 BURIAL, CREMATION, REMOVAL 23b DATE Burial

23c. NAME OF CEMETERY OR CREMATORY Druid Ridge Cemetery | Pikesville, Baltimore MD.

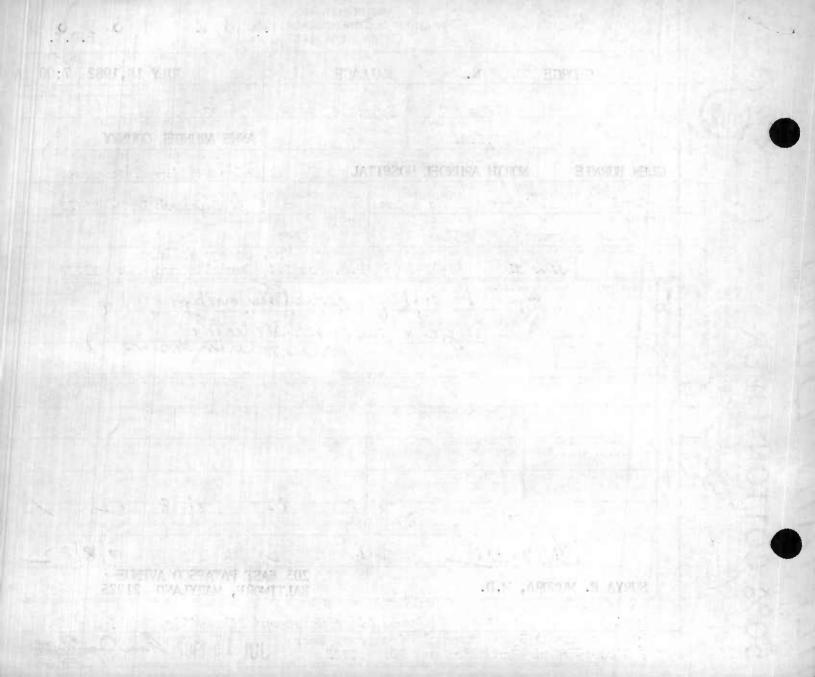
DEGREE

23d. LOCATION

CERTIFICATION

DHMH - 16 50M 1/81 (VRA 15, 4)

24 FUNERAL DIRECTOR Loring Byers Funeral Directors, Inc 250 DATE REC'D. BY 8728 Liberty Road Randallstown, MD.



CERTIFICA

MEDICAL

STATE	OF	MARYLAND
-------	----	----------

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

REGISTRAR		CERTII	FICATE OF DEATH	REG. NO.	0 7	EDT
1. DECEASED NAME FIRST (TYPE OR PRINT) CATHER	NINE MARIE		TTS	JULY 14, 1982	DAY YEAR	26 HOUR P
r emale	1. RACE White	5. DATE O	v. 12, 1976	6 AGE (IN YEARS LAST BIRTHDAY)	MONIMS DAIS	IF UNDER 24 HRS.
OUNTRACE (STATE OR FOREIGN	16 CITIZEN OF WHAT COUNTRY U.S.A.	? 8 MARRIE WIDOW	DX NEVER MARRIED DIVORCED	BALTIMORE CITY OR COUNT ANNE ARUNDEL		MD
GLEN BURNIE	11. NAME OF HOSPITAL, NURSI (IF NOT IN SUCH FACILITY, GIVE STREE NORTH ARUNDI	TADDRESS) EL HOS	PITAL	120 USUAL OCCUPATION ATTPE OF WORKFORMOST OF WORKING Meat Packer		F BUSINESS OR
USUAL RESIDENCE (IF NURSING HOME OF		WN	13d INSIDE CITY LIMITS? YES NO 🏂	130 STREET ADDRESS 1442 Colony Ro	. 21122	
14. FATHER'S NAME Harry	Rimbae Rimbae	h	15 MOTHER'S MAIDEN NA Helen	ME MIDDLE	Jung	hans
160 WAS DECEASED EVER IN U.S. AR	RMED FORCES? 16b. SOCIAL SEC VE WAR OR DATES) 215-01-7		John M. Watt	s. same as 13		
PART I. DEATH WAS CAUSE	TE CAUSE (o)	DIAC	ARREST NOF SMA	ILL INTESTI	BETWEEN S	mare interval onset and death minites
gove rise to immediate cause (a), stating the underlying cause last		RAL V	IASCULAR DI	SEMSE	1/00	ears
No DATE OF OPERATION	196 CONDITION FOR WHICH				ES, WERE FINDI	

190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? IN CERTIFYING CAUSES OF DEATH? 710 ACCIDENT WAS UNDERLYING 71b. TIME OF INJURY 71c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER)

21d. INJURY OCCURRED 21e PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE FARM ETC.) NOT WHILE 220.1 certify that (1) (this hospital) attended the deceased from

and that in (my) (our) opinion death occurred on the date and hour and from the causes stated

DEGREE

211 LOCATION

CITY OR FOWN COUNTY

YES [

STATE

NO F

22e ADDRESS 8667 Ft. Smallwood Rd.

Pasadena, Maryland 21122 KRESSLER, M.D.

23c, NAME OF CEMETERY OR CREMATORY 23d. LOCATION 23b. DATE (remation ecurity Process Inc

Pasadena, Md. La Pick Neck Rds. 21122

TIM SKINAT HE

FOR

Balto.

DHMH - 16 50M 1/81 (VRA 15, 4)

BP.

Particular with the property of the Control of the Corner Description (Contract of the Contract o the Caronic Contract of the co AND THE REST OF SHEET AND A SH The state of the state of the state of the state of Committee and the committee of the commi AND DURING THE STREET, AND ASSESSED.

DIVISION OF VITAL

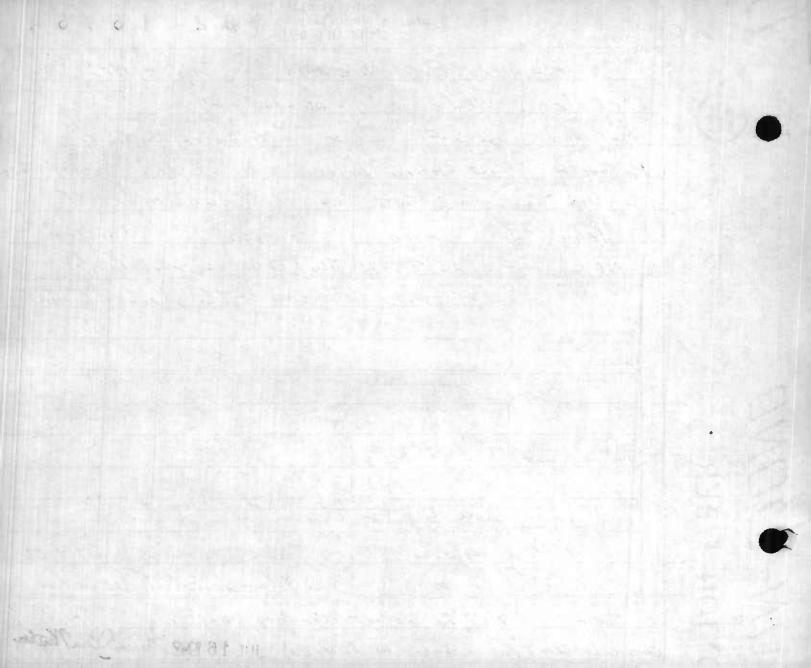
STATE OF MARYLAND

CARLES AND THE WAY OF THE SAME THE PARTY OF THE P END VERNOR TO SEE A CO Charles and pulnious and the same of the same

2/,	1		STATE OF MARYLAND	
7	1	FOR % - STATE REGISTRAR	CERTIFICATE OF DEATH DEPARTMENT OF HEALTH AND MENTAL HYGIENE 8 2 REG. NO.	9 6 3
		Charles Jo	MIDDLE LAST 20. DATE OF DEATH MONTH DAY YE. SEPH Whittington July 10, 1982 S. DATE OF BIRTH 6. AGE (IN YEARS LAST BIRTHDAY) LIF UNDER 1	245 PM YEAR IF UNDER 24 HRS
D D D D D	7a. B	MALE Whit	WHAT COUNTRY & JANUARY 26 1921 6 YRS.	DATS HOURS MIN.
deoth.		MD. US	A MARRIED NEVER MARRIED Anne Arundel	MD.
by the filed wi	H	unapolis AA	CHERCHITY GIVE STREET ADDRESS HOS DT. ME CHARACTER ADDRESS INCLINE INCLINE	ND OF BUSINESS OR
in 24 hourshould be	13a.	AL RESIDENCE (IF NURSING HOME OR QUINE TINSTITUTION STATE)	N GIVE RESIDENCE BEFORE ADMINION 1/13d INSIDE CITY LIMITS? 13e. STREET ADDRESS HE	lwy-
ted within to the completely 1 and 2 sh	1	ENJAMIN FRANKLI	in WHATTING TO FLORE MIDDLE BE	IEL
te be execution and colors. Pages 1). the medical	160	WAS DECEASED EVER IN U.S. ARMED FORCES? YES NO OR UNKNOWN) (IF YES, GIVE WAR OR DIMES)	212 143957 MARY TRUE WATTINGTOW	#13
es that the death certificate be executed within 24 hours ned by the attending physician and campletely filled in by please remove carbonopers. Pages 1 and 2 should be filled uital, cremation, ar removal.		Conditions, if ony, which gave rise to immediate	OR AS A CONSEQUENCE OF CONTRACTOR OF CONTRA	PROXIMATE INTERVAL VEEN ONSET AND DEATH
requires en signe Then pl or to buri	NO	PART 2 OTHER SIGNIFICANT CONDITIONS CO	CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PAR	₹T 1/0
The low ricion. The hos bee raif permit. Green prior	CERTIFICATION	196 DATE OF OPERATION 196 COND	DITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 200 IF YES, WERE FI IN CERTIFYING CALL YES \(\text{YES} \)	INDINGS USED USES OF DEATH? NO
A S S S S S S S S S S S S S S S S S S S		21a. ACCIDENT WAS UNDERLYING ACCIDENT WAS UNDERLYING HOUR A. OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) P.		Т 2)
DING PHYSICI, or attending p. After this certile as the buriol-olth and Mento marked or Item.	MEDICAL		OF INJURY 21f LOCATION TREET, FACTORY, OFFICE FARM, ETC.) STREET CITY OR TOWN COUNT	Y STATE
ATTEND ospital o ospital o de for use of he of h		270.1 certify that (I) (this hospital) attended the soyn the deceased alive an above, (I) (we) (Nid) (did not below the body 270.5 ISONATURE	19, and that in (my) (our) apinion death accurred on the date and hour and from y after death.	
0 0 0 0 -		220. PHYSICIAN'S MAME (TYPE OR PRINT)	DEGREE ATTENDING MEDICAL STAFF PHYSICIAN DERECTOR PHYSICIAN	7/10/82
TO HOSPITAL (etoined by the TO FUNERAL Is should be detoined by the Store I (MAPORTANT: If		Jacob E. Teitel	boum 2981 Solomons Island Rd, A	nnapolis MI
BP	230 J	BURIAL, CREMATION, REMOVAL 7/14/	82 DELLOWT DAVIDSUM	Marys
DHMH - 16 50M 1/81 (VRA 15, 4)	TH	WOR TUNERAL CHA	PREL ADDREYS HUNAPOLES HO JUL 1 4 1982	NATURE

La Later Control Market Land MADE THE CELL HERE TO SHEET SHEET Transpers Lieutha Lieutha Richard Line The mount and Line have the treater to Maleurin 2 Bun all States and States and States of the States The same of the sa

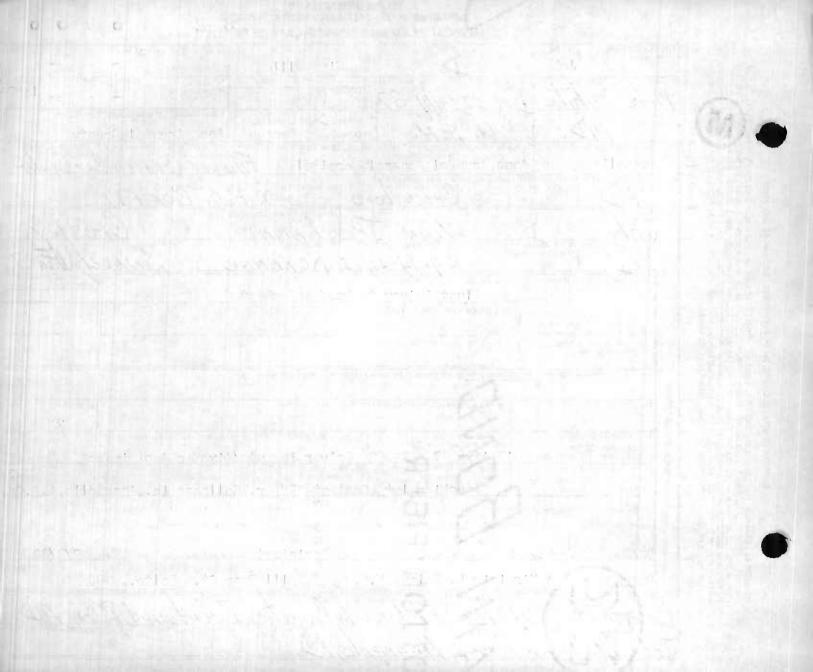
STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIEN - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME MIDDLE 20 DATE OF DEATH 2h HOUR TYPE OR PRINT MONTH DAYS 20 -14 IN CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED Rundel Canaly WIDOWED NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION ERK USUAL RESIDENCE (IF NURSING HOMEOR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13d INSIDE CITY LIMITS? 13e STREET ADDRESS YES INO /IMENY 4 FATHER'S NAME IS MOTHER'S MAIDEN NAME RAISIER AMCES ADDRESS 60 WAS DECEASED EVER IN U.S. ARMED FORCES? (YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) John V, Fallon APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE IQ DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse 101, stoting the DUE TO, OR AS A CONSEQUENCE OF underlying couse lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 10 OF VITAL RECORDS, CERTIFICATION prior 20b. IF YES, WERE FINDINGS USED 196, CONDITION FOR WHICH OPERATION WAS PERFORMED 190 DATE OF OPERATION 20s AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NO YES NO [21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART) OR PART 2) 210 ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 8 HOUR A.M. MONTH DAY YEAR ntal OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER, NOTIFY MEDICAL EXAMINER) PM ž 5 21d. INJURY OCCURRED 21e PLACE OF INJURY 211 LOCATION (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) CITY OR TOWN COUNTY STATE WHILE NOT WHILE 220.1 certify that (1) (this haspital) affected the deceased from_ 2, and that in (my) (and apinion death agreed on the date and hour and from the causes stated sow the deceased alive an. obove, (1) (we) (did) (did not) view the body after death. 22b. SIGNATHER DEGREE 22c DATE SIGNE ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN = MPORTANT: 22e. ADDRESS 22d PHYSICIAN'S NAME (TYPE OF BRINT) should be with the S 23a. BURIAL, CREMATION, REMOVAL 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION 23b. DATE ITY OR TOWN edar Hill CemeTery 24 FUNERAL DIRECTOR DHMH - 16 60M 1/75 Charles L. STEVENS Funeral Hane, Tre, ISTI E, TERT AVE (VRA 15 (41)



Copies 8/20/2	1.	tem 16b #G570 8/20/82 ph state of Maryland for state certificate of Death certificate of Death
e 4 may high page 3		REG. NO. CCEASED NAME FIRST MIDDLE LAST 20. DATE OF DEATH MONTH DAY YEAR 76. HOUR 7 Z 8Z 1/29. X 4 PACE S. DATE OF BIRTH MONTH DAY YEAR 16 LINYEARS LAST BIRTHDAY) IF UNDER 1 YEAR 1 FUNDER 14 HRS. MONTHS DAY 15 MIN.
	7a. 8	TRILITIES OF WHAT COUNTRY MARRIED NEVER MARRIED OF BAUTIMORE CITY OR COUNTRY OF DEATH WIDOWED DIVORCED DIVORCED MARRIED NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 1/2 USUAL OCCUPATION WAS OF BUSINESS OF
d be fied as	H	AL RESIDENCE (IN SECURATION DATE OF TOWN OF TO
and the annual of the annual o	E Y	THERS NAME MODIES READ YES IX NO 100 PP NO DAF HUE 15. MOTHER'S MAIDEN NAME MODIES READ MARGARET MODIES NO 100 PP NO DAF HUE NO 15. MOTHER'S MAIDEN NAME MODIES NO 100 PP NO DAF HUE NO 100 PP NO D
ore he necou sicini and co pper Paper of.		AS DESCARDE VER IN U.S. ARMED FORCES? 168 SOCIAL SECURITY NO. WINFORMANT C. WISON SE. #13 18 CAUSE OF DEATH (Ehrer only one couse per line for (a), (b), and (c). 18 CAUSE OF DEATH (Ehrer only one couse per line for (a), (b), and (c).
hot the death certific by the attending phy ase remove carbanpa I, cremation, ar remov other traumatic event		PART I. DEATH WAS CAUSED BY. Sometimes of the second of t
on requires on requires on requires for the permit. Then permit on purious on prior to but the permit of the permi	CERTIFICATION	PART 2 DITHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 190. DATE OF OPERATION 190. CONDITION FOR WHICH OPERATION WAS PERFORMED 200. AUTOPSY? 200. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO YES NO YES NO PORTON
HYSICIAN: The national physicic pub certificate in Mental Hygic or Item 18 should have been shou	MEDICAL CERT	216. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) 216. TIME OF INJURY HOUR A.M. MONTH DAY YEAR 19 216. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) 216. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) 216. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) 216. ACCIDENT WAS UNDERLYING OR INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) 216. ACCIDENT WAS UNDERLYING OR INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) 216. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) 216. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2)
TENDING he hospital or oth DIRECTOR: After coched for use as the Dept. of Health or	W	270. I certify that (1) (for the following control of the deceased from 7-2 19.52, 10. 7-2 19.52, 10. 19.52, 1
TO HOSPITAL retained by th TO FUNERAL should be determined by the Stock with the	(23a. F	22d. PHYSICIAN'S NAME (TYPE OR PRINT) HOLS CHUH 22d. PHYSICIAN'S NAME (TYPE OR PRINT) 104 Fin her St. Aunagoli; DURIAL, CREMATION, REMOVAL 23b. DAY 72 PARTY OF CREMATORY
BP DHMH-16 50M 1/81 (VRA 15, 4)		DUPIAL TO 182 ST. HWFS UNERAL DIRECTOR AVOR FUNERAL CHAPEL ADDRESS HUVA PLS 10. 1111 8 1987

LORGO SE SIGNED DE LA CONTRACTOR DE LO CONT FUNDOLLS I HAVE USE HOSATE COM SELECT TO THE HISTORY OF THE YEAR OF THE PARTY OF T BUNA : TIPPERE CHILL IN ONL EI # ST. LIZEWELLER WALLER THE THE offe Strewes Heaville

17/	1			STATE OF MARYLAND		
18	1-	FOR STATE		OF HEALTH AND MENTAL HY MINER'S CERTIFICATE OF	DEOTUGE 1	6 9 6 6
	1.0	REGISTRAR CEASED NAME FIRST	MIDDLE	HINTER S CERTIFICATE OF	20. DATE KNOWN VE MI	ONTH DAY YEAR 76 HOUR
W		PE OR PRINT) John	D	Winn 111	20. DATE KNOWN XX MO OF ESTI- DEATH MATED	
PLEASE ECTOR. R FILES. HOURS	3 SE		5 DATE OF BIRTH 6. AG	Winn, III E (IN YEARS IF UNDER 1 YR. IF UNDER 24		7 2 19 82 N
SECE	1	note lite			HRS. 2c. DATE MG MIN. PRONOUNCED DEAD	1.27
200	\L'	STATE OF	TO CITIZEN OF WHAT COUNTRY?	RS.		7 2 19 82 M
ENLE	36	GREIGN COUNTRY)	1100	8. MARRIED NEVER MARRIED		
200	10.0	ITY OR TOWN OF DEATH	11 NAME OF HOSPITAL, NURSING	WIDOWED DIVORCED	Anne Arunde!	
PAGE A	3	Annapolis	(IF NOT IN SUCH FACILITY GIVE STREET AD Anne Arunde I Gen	eral Hospital	FOR MOST OF WORKING HE PLE	er Car Dealer
21201 AND AND AND RETAIN PROPERTY OF REFOUND AND AND AND AND AND AND AND AND AND A	13a.	AL RESIDENCE (IF IN NURSING HOLDS	ROTHER INSTITUTION, GIVE RESIDENCE BEFORE	13d INSIDE CITY LIMITS?	30 THEELADDRESS	21
22, A A STAN	111	ATHERS NAME	THINE Dreen,	15. MOTHER'S MAIDEN	NAME NAME	7/
E, MD.	10	Time	MIDDLE III LAST	13. MOTHER S MAIDEN	MIDDLE	(walnu
8 9 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8	A 160	WAS DECLASED EVER IN U.S. OR	MED FORCES? LIBB SOCIAL SE	CURITY NO. 17. INEQRMANT	ADDRESS /	rosjey
BALTIMORE. S. AFTER DEA' GIVE PAGES TITH FORM P PAGES 1 AN WISION OF V	2-	YES, NO OR UNKNOWN) (IF YES, GIVE	WAR OR DATES)	LOUIS ROYNA	No Sal	nua/11#12
		1 CD	214.44	-24131 NOXMA	NE DIV	HUELYWIND
ST ON WE	>	PART I DEATH WAS CAUSED	y ane cause per line far (a), (b), and (ry to head and ches	_	BETWEEN DRISET AND DEATH
W. PRESTON ST. WITHIN 24 HOL RENCLI IN ITEM 18 MINER ALONG TRANSIT PERMI NITAL HYGIENE, OR REMOVAL.	/	8150 IMMEDIAT	(DUE TO, OR AS A CONSEQU		51	
RANCH TEST		Canditions, if any, which	DUE TO, OK AS A CONSEGU	ENCE OF		
		gave rise to immediate cause (a) stating the under-	(b)	THE OF		
	1	lying cause last.	DUE TO, OR AS A CONSECU	ENCE OF		
RDS, 201 W. I EXECUTED WI NG". IN PENC CAL EXAMIN A BURIAL - TRA HAND MENTA MATION, OR I	-	PART 2 OTHER SIGNIFICANT CONDITIONS	(c)	HE TERMINAL DISEASE OR CONDITION GIVEN IN PART		
DIVISION OF VITAL RECORDS, 201 W. FR. THIS CERTIFICATE SHOULD BE EXECUTED WATE, WRITING THE WONDS "PENDING". IN PEN ORWARDED TO THE CHIEF MEDICAL EXAMI PR. PAGE 3 SHOULD BE USED AS A BURIAL. THE STATE DEPARTMENT OF HEALTH AND MENI UP. 21201 PRIGR TO BURIAL, CREMATION, OR	Z	TAKE 2 OTHER SIGNIFICANT CONDITIONS	CONTRIBUTION TO DEATE BUT NOT KETATED IN	UE LEKWIMAT DISEASE OK CONDILION PIAEN IN LAKI	1 (0).	
MEAL CR	CERTIFICATION	196 DATE OF OPERATION	TIRE CONDITION FOR WHICH	OPERATION WAS PERFORMED?		20 AUTOPSY?
FAL HEF USEC STAL	· [윤		The condition of the condition			
N S S S S S S S S S S S S S S S S S S S	1 2	21a EXTERNAL CAUSE WAS	21b. TIME OF INJURY	121r HOW INTURY OCCURRED	LENTER NATURE OF INJURY IN ITEM 18 PART	YES NO
SAECHES S		UNDERLYING A OR CONTRIBUTING CAUSE OF D	HOUR A.M. MONTH DAY	YEAR		
SION TO	MEDICAL	21d. INJURY OCCURRED	DEATH 2:15 XX 7 2		to/fixed object	,
OV SOEE 3 SOEE 3 SOEE 3 SOEE 3	THE WAY	WHILE IN NOT WHILE	STREET, FACTORY, FARM, ETC.)	STREET	CITY OR TOWN	COUNTY MDT
ESAPET	1	AT WORK AT WORK	parking [<u>ot Bestgate Rd nr.</u>	Callanan La., A	nnapolis.A.A.Co
MINER: 1FICATE BE FOR FITHE S TH THE S	A	22a I certify that I taak charg	e of the remains described above, hel	d an Autopsy Inspection	☐, Inquiry ☐, and in	my apinian
THE SERVE	1-	death resulted fram: Natur	al causes , Accident ,	Suicide, Homicide	Undetermined manner,	
L EXAMINE E CERTIFICATION BE L'UNITH I WARITH I		ACTUAL)	Y 13 1	TITLE (SPECIFY)	,	DATE 7.0.400
CAL EXA THE CERS SHOULD FRAL DIR ATH, WI		SIGNATURE VIVO	ma Aplan	M.D. <u>Assistant</u>	MEDICAL EXAMINER	SIGNED 7/2/82
AMEDI CUTE SE 4 A FUNE ER DE	1	EXAMINER'S NAME (TYPE OR PRINT)	Virginia L. Dolan	, M.D. ADDRESS III F	Penn St. Balto.	, MD.
PAGE PAGE	230	WRIAL, CREMATION REMOVAL 2	36 DATE 230 NAME	OF CEMETERY OF CREATORY	23d LOCATION CITY OF TOWN	Lame A ward
ВР	1	remallon	7/3/82 //	INCOM CEMETER	Spentwood	K GON FRED.
DHMH - 17	24	UNERAL DIRECTOR	ADDRESS O	250. DATE PE	C'D. BY REGISTRAR 256. REGISTR	S SIGNATURE
(VR A15 ME (5))	U	1hw 11. IAVI	or 1 SONS HNA	PAROLIS, MIL JUL	0 1984	M
20M 4/82				- it was a second		



	-	114	
		ŧ	
-	80 图	de	
- 1	ewe	ter	
1	原相 2	o o	
	-	5.5	
	6.	10 0	
	4	72	l
	1	0	
	-	4	
	t to	t b	
0	S	by	1
=	9	- e	
0	4	d ed	
Z	2	= 0	Į
3	草	> 는	
2	3	d d	f
Ž	70	du C	d
m,	5	0 -	
0/-	xe	ged	
Ž	0	00	
5 1 V	0.0	5.0	
8	ote	Sign	
2	J.	da nom	
S	ē	Po Po	
6	4	000	
ST	0	ve an	
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201	0	0 0 0	
-	ŧ	the rem	
5	po	by ose	
0	50	pale	
vî	9	gua	
2	5	The	
0	>	in the	
<u>~</u>	ó	S d	
=	o Pe	9 0	
È	T S	nsi	
>	AA	T C T	
ō	5 6	nto la	
Z	X S	Me	
55	PH	de t	
≥	0 5	S + O	
0	Z	A D	
	Z -	He s	
144	TTE	D p to	
	A	ed of.	
	OR	Dep	
	7 4	Al. etc	
	by by	ER/	
	Sp	N P P	
	H	F F S	
	TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 haurs after death. Pure-retained by the haspital or attending physician.	TO FUNERAL DIRECTOR. After this certificate has been signed by the ottending physician and completely filled in by the furnitual directions should be detached for use as the burial-transit permit. Then please remove corbonopaters. Pages I and 2 should be filled within 72 hours ofter deaths with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	
	TO HOSPITAL OR ATTENDING PHYSICIAN: The for		
	BP		

		FOR	DEDAD	STATE OF MARYLAND	9)	6067
	1 -	STATE	E. Wright	MENT OF HEALTH AND MENTAL HYG CERTIFICATE OF DEATH		0 7 0 7
1		EASED NAME FIRST	WIDDLE WIDDLE	LAST	REG. NO.	DAY YEAR 26 HOUR
	(TYPE	EVMA	ELIZABETH	WRIGHT	THLY 31	1982 6:06 A
3	. SEX		4 RACE	5. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER I YEAR IF UNDER 24 HRS
0.00	F	emale	White	July 9, 1911	71 YRS	MONTHS BAYS HOURS MIN.
\$ 17 Cg	a BIF	THPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY	* AMARRIED NEVER MARRIED	9. BALTIMORE CITY OR COUNT	Y OF DEATH
50		Md.	U.S.A.	WIDOWED DIVORCED	ANNE ARUNDEL	COUNTY MD.
54	G	OR TOWN OF DEATH LEN BURNIE	NORTH ARUNDEL	HOSPITAL	120. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING Homemaker	126 KIND OF BUSINESS OR INDUSTRY
35	130. S	RESIDENCE (IF NURSING HOME OR ITALE 136 COUNTY A.		WN 13d INSIDE CITY LIMITS?	13e. STREET ADDRESS 217 Carroll	Rd.
20	4 FA	THER'S NAME FIRST	MIDDLE LAST Hah	15. MOTHER'S MAIDEN NA/ FIRST Bridge	ME	LAST
		AS DECEASED EVER IN U.S. AR			ADDRESS	
medi	(1	NO NO (IF YES, GIV	213 03	8800 Ralph E. W	right Sr. sa	me as 13 e
event, the		PART I. DEATH WAS CAUSE IMMEDIAT	D BY	Palmenany old	ma.	2 Hom
umotice		Conditions, if any, which	DUE TO, OF AS AMONSEON	ENTER GOVINGO BY	eline Alan	10000
, ar ather tra		gove rise to immediate couse (a), stating the underlying couse last.	DUE TO, OR AS A CONSEQU	JENCE OF	or or or	General
any injury, ar	z/	ANT 2. OTHER SIGNE ICANT O	CONDITIONS JONTRIBUTING TO	DEATH BUT NOT RELATED TO THE TERM	1 6 1/1	VEN IN ART 1 4
no smo	CERTIFICANON	III. DATE OF OPERATION	196 CONDITION FOR WHICH	H OPERATION WAS PERFORMED	IN CERT	ES, WERE FINDINGS USED IFYING CAUSES OF DEATH? (ES \(\) NO \(\)
		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA		DAY YEAR	RED (ENTER NATUS HILLRY IN ITEM 18	PART 1 OR PART 7)
ked or H	MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME, STREET, FACTORY OFFICE,	21f LOCATION	CITY OR TOWN	COUNTY STATE
l is mo		220.1 certify that (I) (this haspi	tal) attended the deceased from	E and that in (my) (our) apinion of	death occurred on the date and ha	, 19 that (I) (we) last
If Hem 2		oblace (I) (we) (did) (did no	t) view the body ofter death.	DEGREE ATTENDING	MEDICAL STAFF	22c. DATE SIGNED
IMPORTANT: IF		PAR PHYSICIAN'S NAME (THE O	en wy my m	PHYSICIAN 226 ADDRESS	DIRECTOR PHYSICIAN	21061
MPOR	2	HILARY O''H			DRIVE GLEN BUR	NIE, MARYLAND
_ 2		JRIAL, CREMATION, REMOVAL Buital	- 4 4-	NAME OF CEMETERY OR CREMATORY Orraine Park Cem	Baltimore,	Maryland STATE
13781		NERAL DIRECTOR	Balto Md. ADDRESS	21225 250. DAT	E REC'D. BY REGISTRAR 256. DE	
)	Ge	orge J. Gono	e 4001 Ritchi	LeHgwv	NG - 2 1984 MM	Of the state of th

o to the second remaile the life of the state o A Company of the Comp As Items to the set to the set of a El de Jones V. de typico . L dalej Ogos ED EIS de la Company The state of the s Line Leves , arrow latted less of the eminated S8/2/2 . Leader Secreta . Jones 9001 aitchia my